



Janet, Jenner & Suggs, LLC

ATTORNEYS AT LAW

Howard A. Janet, P.C.* | Kenneth M. Suggs* | Robert K. Jenner, P.C.*
Dov Apfel* | Stephen C. Offutt* | Giles H. Manley, M.D., J.D.* | Gerald D. Jowers, Jr.* | Brian D. Ketterer*

Sharon R. Guzejko* | Kimberly A. Dougherty* | Francis M. Hinson, IV* | Hal J. Kleinman* | Tara J. Posner* | Elisha N. Hawk*
Justin A. Browne* | Joyce E. Jones* | Jessica H. Meeder* | Leah K. Barron* | Lindsey M. Craig* | Jason B. Penn*
Seth L. Cardeli* | Samuel M. Collings* | William F. Burnham*

OF COUNSEL

John C. Hensley, Jr.* | Steven J. German* | Joel M. Rubenstein* | Thomas G. Wilson*

BAR MEMBERSHIPS

* Maryland | * South Carolina | * Massachusetts | * District of Columbia | * Minnesota | * Pennsylvania
* Illinois | * Florida | * North Carolina | * New York | * New Jersey | * West Virginia | * California

December 11, 2013

CERTIFIED MAIL, RETURN RECEIPT REQUESTED CERTIFICATE OF MAILING

St. Thomas Health
c/o Registered Agent, E. Berry Holt, III
102 Woodmont Blvd., Suite 800
Nashville, TN 37205-2221

Re: Gokulbhai Maganbhai Patel
Notice of health care liability claim required by
Tennessee Code Annotated § 29-26-121

To St. Thomas Health:

We are the attorneys representing Pinal Patel, individually, and as Personal Representative of the Estate of Gokulbhai Maganbhai Patel.

Through his attorneys, Pinal Patel, individually, and as Personal Representative of the Estate of Gokulbhai Maganbhai Patel, is asserting a claim for health care liability against Saint Thomas Outpatient Neurosurgical Center, LLC, Howell Allen Clinic A Professional Corporation, Nashville, Tennessee, Vaughn A. Allen, M.D., St. Thomas Health, St. Thomas Hospital (St. Thomas West Hospital) and Saint Thomas Network, including their agents, employees, physicians, nurses and pharmacists. This potential claim arises out of care, medicines and services provided by employees and/or agents of St. Thomas Health to Gokulbhai Maganbhai Patel from August 2012 through September 2012.

The full name and date of birth of the patient whose treatment is at issue:

MASSACHUSETTS OFFICE

Kimberly A. Dougherty, Managing Attorney

31 St. James Avenue, Suite 365 | Boston, Massachusetts 02116
617-933-1265 | Fax 410-653-6903 | 1-877-692-3862 | 1-877-MY-ADVOCATES
info@MyAdvocates.com | MyAdvocates.com

Maryland | South Carolina | Massachusetts | New York | North Carolina | Washington, D.C. | West Virginia

Janet, Jenner & Suggs, LLC

ATTORNEYS AT LAW

Gokulbhai Maganbhai Patel

Date of Birth: September 1, 1932

The name and address of the claimant authorizing this notice:

Pinal Patel, Individually, and as Personal Representative of the Estate of Gokulbhai Maganbhai Patel

315 S. Main Street

Goodlettsville, TN 37072

The name and address of the attorney sending this notice:

Kimberly A. Dougherty

Janet, Jenner & Suggs, LLC

31 St. James Avenue, Suite 365

Boston, Massachusetts 02116

Attached hereto is a list of all healthcare providers to whom notice is being given pursuant to Tennessee Code Annotated § 29-26-121(a)(2)(D).

Pursuant to Tennessee Code Annotated § 29-26-121 (a)(2)(E), I also enclose a HIPPA compliant medical authorization permitting you to obtain complete medical records on Gokulbhai Maganbhai Patel from each provider being sent a notice. Also enclosed is Mr. Patel's death certificate and the Letter of Administration for Pinal Patel. If any of those providers do not accept this authorization for any reason, please contact us and we will arrange to execute an authorization acceptable to them that will permit you to obtain complete medical records on Gokulbhai Maganbhai Patel.

Neither this notice nor the medical authorization waives the common law physician patient privilege concerning that care and treatment of Gokulbhai Maganbhai Patel by any doctor who provided medical services for Gokulbhai Maganbhai Patel. We expect that you will not communicate with any person other than your attorney about any doctor's care and treatment of Gokulbhai Maganbhai Patel.

We believe this letter complies with the letter and spirit of Tennessee Code Annotated § 29-26-121. If you believe it is deficient in any way, please let us know and any defect will be promptly cured. If we do not hear from you we will assume that you agree the letter complies with the law.

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Kimberly A. Dougherty, Managing Attorney

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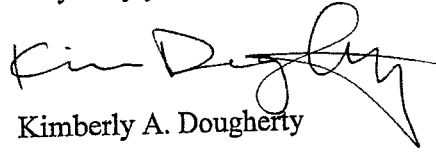
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Janet, Jenner & Suggs, LLC
—ATTORNEYS AT LAW—

Very truly yours,


Kimberly A. Dougherty

Enclosures

cc: Pinal Patel (*via first-class mail*)
Myra Staggs (*via first-class mail*)

MASSACHUSETTS OFFICE

Kimberly A. Dougherty, Managing Attorney

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The following is a list of all providers to whom notice is being given pursuant to Tennessee Code Annotated § 29-26-121 (a)(2)(D):

Saint Thomas Outpatient Neurosurgical Center, LLC
Gregory B. Lanford, M.D., Registered Agent for Service of Process
2011 Murphy Ave., Ste 301
Nashville, TN 37203-2023

Saint Thomas Outpatient Neurosurgical Center, LLC
Floor 9
4230 Harding Pike
Nashville, TN 37203-2013

Howell Allen Clinic A Professional Corporation
Gregory B. Lanford, M.D., Registered Agent for Service of Process
2011 Murphy Ave., Ste 301
Nashville, TN 37203-2023

Vaughn A. Allen, M.D
2011 Murphy Ave., Ste 301
Nashville, TN 37203-2023

St. Thomas Health
c/o Registered Agent, E. Berry Holt, III
102 Woodmont Blvd., Suite 800
Nashville, TN 37205-2221

St. Thomas Hospital (St. Thomas West Hospital)
c/o Registered Agent, E. Berry Holt, III
102 Woodmont Blvd., Suite 800
Nashville, TN 37205-2221

St. Thomas Hospital (St. Thomas West Hospital)
4220 Harding Road
Nashville, TN 37205

Saint Thomas Network
c/o Registered Agent, E. Berry Holt, III
102 Woodmont Blvd., Suite 800
Nashville, TN 37205-2221

Saint Thomas Network
4220 Harding Pike
Nashville, TN 37205

HIPAA RELEASE GENERAL AUTHORIZATIONREQUEST TO: _____

_____I HEREBY AUTHORIZE _____ to release the
information specified below for the date(s): _____ through _____THE INFORMATION REQUESTED IS FOR LITIGATION PURPOSES AND IS TO
BE RELEASED TO:**INFORMATION TO BE RELEASED**

<input type="checkbox"/> Municipal, Governmental, Fire or Police Records	<input type="checkbox"/> Inpatient Date _____	<input checked="" type="checkbox"/> X-rays (digital)
<input type="checkbox"/> Federal or State Tax information or records	<input type="checkbox"/> Outpatient Date _____	<input checked="" type="checkbox"/> X-ray reports
	<input checked="" type="checkbox"/> Emergency Room records	<input checked="" type="checkbox"/> ENTIRE RECORD
	<input type="checkbox"/> Face Sheet	<input checked="" type="checkbox"/> Billing Records
		Steroid Injection Information [e.g., manufacturer, Lot #]
<input type="checkbox"/> Wage, income or earning records or reports	<input checked="" type="checkbox"/> History & Physical	<input checked="" type="checkbox"/> Color copies of any photographs
<input checked="" type="checkbox"/> Laboratory reports	<input checked="" type="checkbox"/> Discharge summary	<input type="checkbox"/> Test Results [e.g., Spinal Tap]
<input checked="" type="checkbox"/> Report and/or records from physician, therapist	<input checked="" type="checkbox"/> Consultation reports	
	<input checked="" type="checkbox"/> Surgery & Pathology reports	
	<input type="checkbox"/> MRIs (digital)	

I understand the requested medical records may include information relating to: alcohol and/or drug abuse; psychiatric treatment; HIV/Aids testing or treatment; sexually transmitted disease; and/or communicable or noncommunicable disease information. Such information is covered by Federal Confidentiality Regulation [42CFR, Part 2] and can't be

disclosed without my written consent. I also expressly acknowledge note of this under the Health Insurance Portability and Accountability Act of 1996 (HIPAA) Privacy Regulation [45 CFR, § 164.512(e)(1)(ii)]. I understand that the information used or disclosed pursuant to this authorization may be subject to re-disclosure by the recipient and may no longer be protected by Federal Law. My signature on this form authorizes the release of this information as well as all other requested information in the records.

I understand that I may refuse to sign this authorization and refusal to sign will not affect my ability to obtain treatment, enroll in any health plan or payment/benefit eligibility.

I understand that I may revoke this authorization in writing at any time except for information which may have been disclosed by the above named provider prior to the receipt of such revocation. This authorization is valid for three (3) years. The above named provider should respond to this request, or subsequent requests for information from _____ or their representatives, at any time unless the above named health care provider receives a written revocation from me.

THIS AUTHORIZATION does allow the named healthcare provider to discuss my health information, history of care or condition with, or be interviewed by, members of _____


A photocopy of this authorization is to be considered as valid as the original.

Dated: 8/15/13

SSN: 408-83-8265

DOB: 09/01/32

DOD: 01/22/13

Signature: 

Printed Name: Pinal Patel

Address: 315 S Main St
Goodlettsville, TN 37072

Individually, As Personal
Representative of the Estate
of Gokulbhai M. Patel

SEVENTH CIRCUIT COURT OF DAVIDSON COUNTY, TENNESSEE

LETTERS OF ADMINISTRATION

13P832

TO PINAL PATEL :

It appearing to the Court, that GOKULBHAI MAGANBHAI PATEL, has died, and leaving no will, and the Court being satisfied as to your claim to the Administration, and you having given bond pursuant to Order, if required, and qualified as directed by law, and the Court having ordered that Letters of Administration be issued to you:

THESE ARE THEREFORE to authorize and empower you to take into your possession and control all the goods, chattels, claims, and papers of the said estate, and return a true and perfect inventory thereof to this Court; to collect and pay all debts, and to do and transact all the duties in relation to said estate, to deliver the residue thereof to those who are by law entitled.

WITNESS Richard R. Rooker, Clerk of Probate Court, at my office, this May 14, 2013



Richard R. Rooker, Clerk

D.C.

STATE OF TENNESSEE
DAVIDSON COUNTY

I, Richard R. Rooker, Clerk of the Probate Court, do hereby certify that the foregoing is a full, true and perfect copy of Letters of Administration, issued to PINAL PATEL, as Administrator of the estate of GOKULBHAI MAGANBHAI PATEL, deceased, and I do further certify that PINAL PATEL is still acting as Administrator of the estate, and all acts as such are entitled to full faith and credit, as it appears from the records filed in my office at Nashville, Tennessee.

WITNESS my hand and official seal, this 14 day of MAY, 2013.



Richard R. Rooker, Clerk

D.C.

TENNESSEE DEPARTMENT OF HEALTH
 CERTIFICATE OF DEATH

STATE FILE NUMBER

1. DECEASED'S NAME (Last, First, Middle, Last, Jr. or Sr.) Gouvalbon Maganbal Patel				2. SEX Male		3. DATE OF BIRTH (Month, Day, Year) January 22, 2013	
4. TIME OF DEATH (Month, Day, Year) 02:15 AM		5. AGE (Month, Day, Year) 80		6. DEATH TIME (Month, Day, Year) September 1, 1932		7. BIRTHPLACE (City and State or Foreign Country) Vinh, India	
8. PLACE OF DEATH (Check only one) <input type="checkbox"/> In a hospital <input type="checkbox"/> In a nursing home <input type="checkbox"/> In a private residence <input type="checkbox"/> In a public place <input type="checkbox"/> In a vehicle <input type="checkbox"/> In a place of business <input type="checkbox"/> In a place of recreation <input type="checkbox"/> In a place of employment <input type="checkbox"/> In a place of education <input type="checkbox"/> In a place of worship <input type="checkbox"/> In a place of government <input type="checkbox"/> In a place of other (Specify)				9. PLACE OF DEATH (Check only one) <input type="checkbox"/> In a hospital <input type="checkbox"/> In a nursing home <input type="checkbox"/> In a private residence <input type="checkbox"/> In a public place <input type="checkbox"/> In a vehicle <input type="checkbox"/> In a place of business <input type="checkbox"/> In a place of recreation <input type="checkbox"/> In a place of employment <input type="checkbox"/> In a place of education <input type="checkbox"/> In a place of worship <input type="checkbox"/> In a place of government <input type="checkbox"/> In a place of other (Specify)			
10. FACILITY NAME (If not institution, give street and number) Heritage Medical Center				11. CITY OR TOWN Shelbyville		12. COUNTY OF DEATH Bedford	
13. SOCIAL SECURITY NUMBER 408-834265				14. RESIDENCE STATE OR FOREIGN COUNTRY Tennessee		15. COUNTY Bedford	
16. STREET AND NUMBER 408 S. Cannon Blvd.				17. ZIP CODE 37100		18. DATE DECEASED ENTERED IN THE ALIEN REGISTRY <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
19. DECEASED'S EDUCATION (Check the box that best describes the highest degree or level of school completed at the time of death) <input type="checkbox"/> No grade or level <input type="checkbox"/> HS or HS equiv. (no diploma) <input type="checkbox"/> High school graduate or GED certificate <input type="checkbox"/> Some college (credit, but no degree) <input type="checkbox"/> Associate degree (e.g., AA, AB) <input type="checkbox"/> Bachelor's degree (e.g., BA, BS, BSc) <input type="checkbox"/> Master's degree (e.g., MA, MS, MEd, MEng, MHA, MPA) <input type="checkbox"/> Doctorate (e.g., PhD, EdD, or professional degree (e.g., MD, DDS, DVM, LL.M., etc.) <input type="checkbox"/> Unknown				20. DECEASED'S MILITARY SERVICE (Check the box that best describes the highest degree or level of school completed at the time of death) <input type="checkbox"/> No military service <input type="checkbox"/> Yes, Military, American, American, Chinese <input type="checkbox"/> Yes, United States <input type="checkbox"/> Yes, Other (Specify the country) <input type="checkbox"/> Unknown			
21. DECEASED'S RACE (Check one or more boxes as to race and ethnicity) <input type="checkbox"/> White <input type="checkbox"/> Black or African American <input type="checkbox"/> American Indian or Alaska Native <input type="checkbox"/> Native of the Americas or principal <input type="checkbox"/> Other (Specify) <input type="checkbox"/> Unknown				22. DECEASED'S RACE (Check one or more boxes as to race and ethnicity) <input type="checkbox"/> White <input type="checkbox"/> Black or African American <input type="checkbox"/> American Indian or Alaska Native <input type="checkbox"/> Native of the Americas or principal <input type="checkbox"/> Other (Specify) <input type="checkbox"/> Unknown			
23. DECEASED'S NAME (Last, First, Middle, Last, Jr. or Sr.) Maganbal Maganbal				24. DECEASED'S NAME (Last, First, Middle, Last, Jr. or Sr.) Prithiben Maganbal			
25. DECEASED'S NAME (Last, First, Middle, Last, Jr. or Sr.) Shashikant Patel				26. DECEASED'S NAME (Last, First, Middle, Last, Jr. or Sr.) 400 S. Cannon Blvd. Shelbyville TN 37100			
27. METHOD OF DEPOSITION <input type="checkbox"/> Verbal <input type="checkbox"/> Written <input type="checkbox"/> Other (Specify)				28. PLACE OF DEPOSITION (Name of cemetery, crematory, other place) Moore Center Funeral Home Winchester TN			
29. SIGNATURE OF FUNDING ORIGINATOR James David Feldhaus				30. SIGNATURE OF FUNDING ORIGINATOR N/A			
31. NAME AND ADDRESS OF FUNERAL HOME Feldhaus Memorial Chapel 2022 N. Main Street Shelbyville TN 37100				32. LICENSE NUMBER OF FUNERAL HOME 1044			
33. DECEASED'S SIGNATURE Diana C. Rao (OR)				34. DATE FILLED (Month, Day, Year) Jan 23 2013			
35. DECEASED'S SIGNATURE Diana C. Rao (OR)				36. DATE FILLED (Month, Day, Year) Jan 23 2013			
37. DECEASED'S SIGNATURE Diana C. Rao (OR)				38. DATE FILLED (Month, Day, Year) Jan 23 2013			
39. DECEASED'S SIGNATURE Diana C. Rao (OR)				40. DATE FILLED (Month, Day, Year) Jan 23 2013			
41. DECEASED'S SIGNATURE Diana C. Rao (OR)				42. DATE FILLED (Month, Day, Year) Jan 23 2013			
43. DECEASED'S SIGNATURE Diana C. Rao (OR)				44. DATE FILLED (Month, Day, Year) Jan 23 2013			
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47. DECEASED'S SIGNATURE Diana C. Rao (OR)				48. DATE FILLED (Month, Day, Year) Jan 23 2013			
49. DECEASED'S SIGNATURE Diana C. Rao (OR)				50. DATE FILLED (Month, Day, Year) Jan 23 2013			
51. DECEASED'S SIGNATURE Diana C. Rao (OR)				52. DATE FILLED (Month, Day, Year) Jan 23 2013			
53. DECEASED'S SIGNATURE Diana C. Rao (OR)				54. DATE FILLED (Month, Day, Year) Jan 23 2013			
55. DECEASED'S SIGNATURE Diana C. Rao (OR)				56. DATE FILLED (Month, Day, Year) Jan 23 2013			
57. DECEASED'S SIGNATURE Diana C. Rao (OR)				58. DATE FILLED (Month, Day, Year) Jan 23 2013			
59. DECEASED'S SIGNATURE Diana C. Rao (OR)				60. DATE FILLED (Month, Day, Year) Jan 23 2013			
61. DECEASED'S SIGNATURE Diana C. Rao (OR)				62. DATE FILLED (Month, Day, Year) Jan 23 2013			
63. DECEASED'S SIGNATURE Diana C. Rao (OR)				64. DATE FILLED (Month, Day, Year) Jan 23 2013			
65. DECEASED'S SIGNATURE Diana C. Rao (OR)				66. DATE FILLED (Month, Day, Year) Jan 23 2013			
67. DECEASED'S SIGNATURE Diana C. Rao (OR)				68. DATE FILLED (Month, Day, Year) Jan 23 2013			
69. DECEASED'S SIGNATURE Diana C. Rao (OR)				70. DATE FILLED (Month, Day, Year) Jan 23 2013			
71. DECEASED'S SIGNATURE Diana C. Rao (OR)				72. DATE FILLED (Month, Day, Year) Jan 23 2013			
73. DECEASED'S SIGNATURE Diana C. Rao (OR)				74. DATE FILLED (Month, Day, Year) Jan 23 2013			
75. DECEASED'S SIGNATURE Diana C. Rao (OR)				76. DATE FILLED (Month, Day, Year) Jan 23 2013			
77. DECEASED'S SIGNATURE Diana C. Rao (OR)				78. DATE FILLED (Month, Day, Year) Jan 23 2013			
79. DECEASED'S SIGNATURE Diana C. Rao (OR)				80. DATE FILLED (Month, Day, Year) Jan 23 2013			
81. DECEASED'S SIGNATURE Diana C. Rao (OR)				82. DATE FILLED (Month, Day, Year) Jan 23 2013			
83. DECEASED'S SIGNATURE Diana C. Rao (OR)				84. DATE FILLED (Month, Day, Year) Jan 23 2013			
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89. DECEASED'S SIGNATURE Diana C. Rao (OR)				90. DATE FILLED (Month, Day, Year) Jan 23 2013			
91. DECEASED'S SIGNATURE Diana C. Rao (OR)				92. DATE FILLED (Month, Day, Year) Jan 23 2013			

I hereby certify the above to be a true and correct copy of the original document on file in this department. This certified copy is valid only when printed on security paper showing the red embossed seal of the Department of Health. Alteration or erasure voids this certification.

Tennessee Code Annotated 68-3-101 et seq., Vital Records Act of 1977.

5699318

Teresa S. Hendricks
Teresa S. Hendricks
STATE REGISTRAR

William E. Rogers
Deputy Registrar

Deputy Registrar
Bedford County

Date Issued

Date Issued
Jan 13, 2013

CERTIFICATION OF VITAL RECORD



Janet, Jenner & Suggs, LLC
ATTORNEYS AT LAW

Howard A. Janet, P.C.* | Kenneth M. Suggs* | Robert K. Jenner, P.C.*
Dov Apfel* | Stephen C. Offutt* | Giles H. Manley, M.D., J.D.* | Gerald D. Jowers, Jr.* | Brian D. Kettler*
Δ

Sharon R. Guzelko* | Kimberly A. Dougherty* | Francis M. Hinson, IV* | Hal J. Kleinman* Δ | Tara J. Posner* | Elisha N. Hayk*
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OF COUNSEL

John C. Heasley, Jr.* | Steven J. German\$ | Joel M. Rubenstein\$ | Thomas G. Wilson* |

BAR MEMBERSHIPS

*Maryland | *South Carolina | *Massachusetts | *District of Columbia | *Minnesota | Δ Pennsylvania
‡ Illinois | † Florida | ° North Carolina | \$ New York | * New Jersey | * West Virginia | • California

December 11, 2013

CERTIFICATE OF MAILING

Howell Allen Clinic A Professional Corporation
Gregory B. Lanford, M.D., Registered Agent for Service of Process
2011 Murphy Ave., Ste 301
Nashville, TN 37203-2023

Re: Gokulbhai Maganbhai Patel
Notice of health care liability claim required by
Tennessee Code Annotated § 29-26-121

To Howell Allen Clinic A Professional Corporation:

Enclosed please find an amended Notice of Claim pursuant to Tennessee Code Annotated § 29-26-121. The list of names and addresses of all providers sent a Notice of Claim is amended to now include Saint Thomas Health, Saint Thomas Network, and Saint Thomas Hospital. Please note that providing this amended Notice of Claim is not an admission of any deficiency in the Notice of Claim previously sent, as Saint Thomas Health, Saint Thomas Network, and Saint Thomas Hospital are still subject to the Tolling Agreement waiving any notice requirements.

Very truly yours,

Kimberly A. Dougherty

KAD

Enclosure

MASSACHUSETTS OFFICE

Kimberly A. Dougherty, Managing Attorney

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To Howell Allen Clinic A Professional Corporation:

We are the attorneys representing Pinal Patel, individually, and as Personal Representative of the Estate of Gokulbhai Maganbhai Patel.

Through his attorneys, Pinal Patel, individually, and as Personal Representative of the Estate of Gokulbhai Maganbhai Patel, is asserting a claim for health care liability against Saint Thomas Outpatient Neurosurgical Center, LLC, Howell Allen Clinic A Professional Corporation, Nashville, Tennessee, Vaughn A. Allen, M.D., St. Thomas Health, St. Thomas Hospital (St. Thomas West Hospital) and Saint Thomas Network, including their agents, employees, physicians, nurses and pharmacists. This potential claim arises out of care, medicines and services provided by employees and/or agents of Howell Allen Clinic A Professional Corporation to Gokulbhai Maganbhai Patel from August 2012 through September 2012.

The full name and date of birth of the patient whose treatment is at issue:

MASSACHUSETTS OFFICE

Kimberly A. Dougherty, Managing Attorney

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ATTORNEYS AT LAW

Gokulbhai Maganbhai Patel
Date of Birth: September 1, 1932

The name and address of the claimant authorizing this notice:

Pinal Patel, Individually, and as Personal Representative of the Estate of Gokulbhai
Maganbhai Patel
315 S. Main Street
Goodlettsville, TN 37072

The name and address of the attorney sending this notice:

Kimberly A. Dougherty
Janet, Jenner & Suggs, LLC
31 St. James Avenue, Suite 365
Boston, Massachusetts 02116

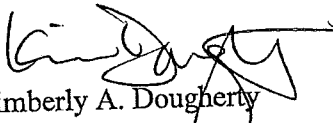
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Neither this notice nor the medical authorization waives the common law physician patient privilege concerning that care and treatment of Gokulbhai Maganbhai Patel by any doctor who provided medical services for Gokulbhai Maganbhai Patel. We expect that you will not communicate with any person other than your attorney about any doctor's care and treatment of Gokulbhai Maganbhai Patel.

We believe this letter complies with the letter and spirit of Tennessee Code Annotated § 29-26-121. If you believe it is deficient in any way, please let us know and any defect will be promptly cured. If we do not hear from you we will assume that you agree the letter complies with the law.

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Kimberly A. Dougherty

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— ATTORNEYS AT LAW —

Enclosures

cc: Pinal Patel (*via first-class mail*)
Myra Staggs (*via first-class mail*)

MASSACHUSETTS OFFICE

Kimberly A. Dougherty, Managing Attorney

31 St. James Avenue, Suite 365 | Boston, Massachusetts 02116

617-933-1265 | Fax 410-653-6903 | 1-877-692-3862 | 1-877-MY-ADVOCATES

info@MyAdvocates.com | MyAdvocates.com

Maryland | South Carolina | Massachusetts | New York | North Carolina | Washington, D.C. | West Virginia

The following is a list of all providers to whom notice is being given pursuant to Tennessee Code Annotated § 29-26-121 (a)(2)(D):

Saint Thomas Outpatient Neurosurgical Center, LLC
Gregory B. Lanford, M.D., Registered Agent for Service of Process
2011 Murphy Ave., Ste 301
Nashville, TN 37203-2023

Saint Thomas Outpatient Neurosurgical Center, LLC
Floor 9
4230 Harding Pike
Nashville, TN 37203-2013

Howell Allen Clinic A Professional Corporation
Gregory B. Lanford, M.D., Registered Agent for Service of Process
2011 Murphy Ave., Ste 301
Nashville, TN 37203-2023

Vaughn A. Allen, M.D
2011 Murphy Ave., Ste 301
Nashville, TN 37203-2023

St. Thomas Health
c/o Registered Agent, E. Berry Holt, III
102 Woodmont Blvd., Suite 800
Nashville, TN 37205-2221

St. Thomas Hospital (St. Thomas West Hospital)
c/o Registered Agent, E. Berry Holt, III
102 Woodmont Blvd., Suite 800
Nashville, TN 37205-2221

St. Thomas Hospital (St. Thomas West Hospital)
4220 Harding Road
Nashville, TN 37205

Saint Thomas Network
c/o Registered Agent, E. Berry Holt, III
102 Woodmont Blvd., Suite 800
Nashville, TN 37205-2221

Saint Thomas Network
4220 Harding Pike
Nashville, TN 37205

HIPAA RELEASE GENERAL AUTHORIZATIONREQUEST TO: _____

_____I HEREBY AUTHORIZE _____ to release the
information specified below for the date(s): _____ through _____THE INFORMATION REQUESTED IS FOR LITIGATION PURPOSES AND IS TO
BE RELEASED TO:**INFORMATION TO BE RELEASED**

<input type="checkbox"/> Municipal, Governmental, Fire or Police Records	<input type="checkbox"/> Inpatient Date _____	<input checked="" type="checkbox"/> X-rays (digital)
<input type="checkbox"/> Federal or State Tax information or records	<input type="checkbox"/> Outpatient Date _____	<input checked="" type="checkbox"/> X-ray reports
<input type="checkbox"/> Wage, income or earning records or reports	<input checked="" type="checkbox"/> X Emergency Room records	<input checked="" type="checkbox"/> ENTIRE RECORD
<input checked="" type="checkbox"/> X Laboratory reports	<input type="checkbox"/> Face Sheet	<input checked="" type="checkbox"/> Billing Records
<input checked="" type="checkbox"/> X Report and/or records from physician, therapist	<input checked="" type="checkbox"/> X History & Physical	<input type="checkbox"/> Steroid Injection Information [e.g., manufacturer, Lot #]
	<input checked="" type="checkbox"/> X Discharge summary	<input checked="" type="checkbox"/> Color copies of any photographs
	<input checked="" type="checkbox"/> X Consultation reports	<input type="checkbox"/> Test Results [e.g., Spinal Tap]
	<input checked="" type="checkbox"/> X Surgery & Pathology reports	
	<input type="checkbox"/> MRIs (digital)	

I understand the requested medical records may include information relating to: alcohol and/or drug abuse; psychiatric treatment; HIV/Aids testing or treatment; sexually transmitted disease; and/or communicable or noncommunicable disease information. Such information is covered by Federal Confidentiality Regulation [42CFR, Part 2] and can't be

disclosed without my written consent. I also expressly acknowledge note of this under the Health Insurance Portability and Accountability Act of 1996 (HIPAA) Privacy Regulation [45 CFR, § 164.512(e)(1)(ii)]. I understand that the information used or disclosed pursuant to this authorization may be subject to re-disclosure by the recipient and may no longer be protected by Federal Law. My signature on this form authorizes the release of this information as well as all other requested information in the records.

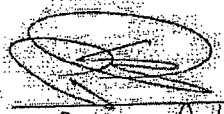
I understand that I may refuse to sign this authorization and refusal to sign will not affect my ability to obtain treatment, enroll in any health plan or payment/benefit eligibility.

I understand that I may revoke this authorization in writing at any time except for information which may have been disclosed by the above named provider prior to the receipt of such revocation. This authorization is valid for three (3) years. The above named provider should respond to this request, or subsequent requests for information from _____ or their representatives, at any time unless the above named health care provider receives a written revocation from me.

THIS AUTHORIZATION does allow the named healthcare provider to discuss my health information, history of care or condition with, or be interviewed by, members of _____

A photocopy of this authorization is to be considered as valid as the original.

Dated: 8/15/13
 SSN: 408-83-8265
 DOB: 09/01/32
 DOD: 01/22/13

Signature: 
 Printed Name: Pinal Patel
 Address: 315 S Main St
Goodlettsville, TN 37072
 Individually, As Personal
 Representative of the Estate
 of Gokulbhai M. Patel

SEVENTH CIRCUIT COURT OF DAVIDSON COUNTY, TENNESSEE

LETTERS OF ADMINISTRATION

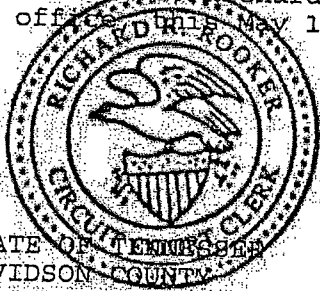
13P832

TO PINAL PATEL :


It appearing to the Court, that GOKULBHAI MAGANBHAI PATEL, has died, and leaving no will, and the Court being satisfied as to your claim to the Administration, and you having given bond pursuant to Order, if required, and qualified as directed by law, and the Court having ordered that Letters of Administration be issued to you:

THESE ARE THEREFORE to authorize and empower you to take into your possession and control all the goods, chattels, claims, and papers of the said estate, and return a true and perfect inventory thereof to this Court; to collect and pay all debts, and to do and transact all the duties in relation to said estate, to deliver the residue thereof to those who are by law entitled.

WITNESSES: Richard R. Rooker, Clerk of Probate Court, at my office, May 14, 2013



Richard R. Rooker, Clerk


 D.C.

I, Richard R. Rooker, Clerk of the Probate Court, do hereby certify that the foregoing is a full, true and perfect copy of Letters of Administration, issued to PINAL PATEL, as Administrator of the estate of GOKULBHAI MAGANBHAI PATEL, deceased, and I do further certify that PINAL PATEL is still acting as Administrator of the estate, and all acts as such are entitled to full faith and credit, as it appears from the records filed in my office at Nashville, Tennessee.

Witness my hand and official seal, this 14 day of May, 2013.



Richard R. Rooker, Clerk

 D.C.

STATE OF TENNESSEE Office of Vital Records

TENNESSEE DEPARTMENT OF HEALTH CERTIFICATE OF DEATH

STATE FILE NUMBER

1. DECEASED'S FULL NAME (Last, Middle, First, Middle Initial) Gokulbhai Megarbhai Patel		2. SEX Male		3. DATE OF DEATH (Month, Day, Year) January 22, 2013	
4. TIME OF DEATH (Approx.) 09:15 AM		5. AGE (Last Birthday) (Years, Months, Days) 80		6. DATE OF BIRTH (Month, Day, Year) September 1, 1932	
7. PLACE OF BIRTH (City and State or Foreign Country) Vijay, India		8. PLACE OF DEATH (City and State or Foreign Country) Bedford, Tennessee			
9. DEATH OCCURRED IN A HOSPITAL <input checked="" type="checkbox"/> Hospital <input type="checkbox"/> Home <input type="checkbox"/> Other (Specify)		10. DEATH OCCURRED SOMEWHERE OTHER THAN A HOSPITAL <input type="checkbox"/> Hospice facility <input type="checkbox"/> Nursing home <input type="checkbox"/> Home <input type="checkbox"/> Other (Specify)			
11. FACILITY NAME (If not residential, give street and number) Heritage Medical Center		12. CITY OR TOWN Shelbyville		13. COUNTY OF DEATH Bedford	
14. DECEASED'S USUAL OCCUPATION Farmer		15. TYPE OF BUSINESS OR INDUSTRY Agriculture			
16. SOCIAL SECURITY NUMBER 408-83-6265		17. RESIDENCE-STATE OR FOREIGN COUNTRY Tennessee		18. CITY OR TOWN Shelbyville	
19. STREET AND NUMBER 400 S. Cannon Blvd.		20. ZIP CODE 37160		21. DATE DECEASED ENTERED IN US ARMY REGISTRY <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
22. DECEASED'S EDUCATION (Check one or more from the following) <input checked="" type="checkbox"/> High school graduate or GED completed <input type="checkbox"/> Some college work, but no degree <input type="checkbox"/> Associate degree (e.g., AA, AS) <input type="checkbox"/> Bachelor's degree (e.g., BA, BS, BSc) <input type="checkbox"/> Master's degree (e.g., MA, MS, MEd, MHA, MBA) <input type="checkbox"/> Doctorate (e.g., PhD, MD or Professional degree (e.g., MD, DDS, DVM, LL.M., JD) <input type="checkbox"/> Unknown		23. DECEASED'S RACE (Check one or more from the following) <input type="checkbox"/> White <input type="checkbox"/> Black or African American <input type="checkbox"/> American Indian or Alaska Native <input type="checkbox"/> Native Hawaiian or Other Pacific Islander (Specify) <input type="checkbox"/> Other (Specify) <input type="checkbox"/> Unknown		24. DECEASED'S RELIGION (Check one or more from the following) <input type="checkbox"/> Christian <input type="checkbox"/> Jewish <input type="checkbox"/> Muslim <input type="checkbox"/> Other (Specify) <input type="checkbox"/> Unknown	
25. DECEASED'S NAME (Last, Middle, First) Megarbhai, Gokulbhai		26. RELATIONSHIP TO DECEASED Son		27. ADDRESS (Street and Number, City, State, ZIP Code) 400 S. Cannon Blvd., Shelbyville TN 37160	
28. SIGNATURE OF DECEASED Shashikant Patel		29. SIGNATURE OF WITNESS James David Feldhaus		30. SIGNATURE OF DECEASED Shashikant Patel	
31. SIGNATURE OF DECEASED Shashikant Patel		32. SIGNATURE OF WITNESS James David Feldhaus		33. SIGNATURE OF DECEASED Shashikant Patel	
34. SIGNATURE OF DECEASED Shashikant Patel		35. SIGNATURE OF WITNESS James David Feldhaus		36. SIGNATURE OF DECEASED Shashikant Patel	
37. SIGNATURE OF DECEASED Shashikant Patel		38. SIGNATURE OF WITNESS James David Feldhaus		39. SIGNATURE OF DECEASED Shashikant Patel	
40. SIGNATURE OF DECEASED Shashikant Patel		41. SIGNATURE OF WITNESS James David Feldhaus		42. SIGNATURE OF DECEASED Shashikant Patel	
43. SIGNATURE OF DECEASED Shashikant Patel		44. SIGNATURE OF WITNESS James David Feldhaus		45. SIGNATURE OF DECEASED Shashikant Patel	
46. SIGNATURE OF DECEASED Shashikant Patel		47. SIGNATURE OF WITNESS James David Feldhaus		48. SIGNATURE OF DECEASED Shashikant Patel	
49. SIGNATURE OF DECEASED Shashikant Patel		50. SIGNATURE OF WITNESS James David Feldhaus		51. SIGNATURE OF DECEASED Shashikant Patel	
52. SIGNATURE OF DECEASED Shashikant Patel		53. SIGNATURE OF WITNESS James David Feldhaus		54. SIGNATURE OF DECEASED Shashikant Patel	
55. SIGNATURE OF DECEASED Shashikant Patel		56. SIGNATURE OF WITNESS James David Feldhaus		57. SIGNATURE OF DECEASED Shashikant Patel	
58. SIGNATURE OF DECEASED Shashikant Patel		59. SIGNATURE OF WITNESS James David Feldhaus		60. SIGNATURE OF DECEASED Shashikant Patel	
61. SIGNATURE OF DECEASED Shashikant Patel		62. SIGNATURE OF WITNESS James David Feldhaus		63. SIGNATURE OF DECEASED Shashikant Patel	
64. SIGNATURE OF DECEASED Shashikant Patel		65. SIGNATURE OF WITNESS James David Feldhaus		66. SIGNATURE OF DECEASED Shashikant Patel	
67. SIGNATURE OF DECEASED Shashikant Patel		68. SIGNATURE OF WITNESS James David Feldhaus		69. SIGNATURE OF DECEASED Shashikant Patel	
70. SIGNATURE OF DECEASED Shashikant Patel		71. SIGNATURE OF WITNESS James David Feldhaus		72. SIGNATURE OF DECEASED Shashikant Patel	
73. SIGNATURE OF DECEASED Shashikant Patel		74. SIGNATURE OF WITNESS James David Feldhaus		75. SIGNATURE OF DECEASED Shashikant Patel	
76. SIGNATURE OF DECEASED Shashikant Patel		77. SIGNATURE OF WITNESS James David Feldhaus		78. SIGNATURE OF DECEASED Shashikant Patel	
79. SIGNATURE OF DECEASED Shashikant Patel		80. SIGNATURE OF WITNESS James David Feldhaus		81. SIGNATURE OF DECEASED Shashikant Patel	
82. SIGNATURE OF DECEASED Shashikant Patel		83. SIGNATURE OF WITNESS James David Feldhaus		84. SIGNATURE OF DECEASED Shashikant Patel	
85. SIGNATURE OF DECEASED Shashikant Patel		86. SIGNATURE OF WITNESS James David Feldhaus		87. SIGNATURE OF DECEASED Shashikant Patel	
88. SIGNATURE OF DECEASED Shashikant Patel		89. SIGNATURE OF WITNESS James David Feldhaus		90. SIGNATURE OF DECEASED Shashikant Patel	
91. SIGNATURE OF DECEASED Shashikant Patel		92. SIGNATURE OF WITNESS James David Feldhaus		93. SIGNATURE OF DECEASED Shashikant Patel	
94. SIGNATURE OF DECEASED Shashikant Patel		95. SIGNATURE OF WITNESS James David Feldhaus		96. SIGNATURE OF DECEASED Shashikant Patel	
97. SIGNATURE OF DECEASED Shashikant Patel		98. SIGNATURE OF WITNESS James David Feldhaus		99. SIGNATURE OF DECEASED Shashikant Patel	
100. SIGNATURE OF DECEASED Shashikant Patel		101. SIGNATURE OF WITNESS James David Feldhaus		102. SIGNATURE OF DECEASED Shashikant Patel	

I hereby certify the above to be a true and correct copy of the original document on file in this department. This certified copy is valid only when printed on security paper showing the red embossed seal of the Department of Health. Alteration or erasure voids this certification.

5699318

Tennessee Code Annotated 68-3-101 et seq., Vital Records Act of 1977.



Teresa S. Handricks
STATE REGISTRAR

Shashikant Patel (DR)
Deputy Registrar
Bedford County

Date Issued
Jan 23, 2013



CERTIFICATION OF VITAL RECORD



Janet, Jenner & Suggs, LLC
ATTORNEYS AT LAW

Howard A. Janet, P.C.* | Kenneth M. Suggs* | Robert K. Jenner, P.C.*
Dov Apfel* | Stephen C. Offutt* | Giles H. Manley, M.D., J.D.* | Gerald D. Jowers, Jr.* | Brian D. Kettler*
Δ

Sharon R. Guzejko* | Kimberly A. Dougherty* | Francis M. Hinson, IV* | Hal J. Kleinman* Δ | Tara J. Posner* † | Elisha N. Hawk*
Justin A. Browne* | Joyce E. Jones* | Jessica H. Meeder* | Leah K. Barron* | Lindsey M. Craig* | Jason B. Penn*
Seth L. Cardeli \$ | Samuel M. Collings* | William F. Burnham*

OF COUNSEL

John C. Hensley, Jr.* | Steven J. German \$ | Joel M. Rubenstein \$ | Thomas G. Wilson †

BAR MEMBERSHIPS

*Maryland | *South Carolina | *Massachusetts | *District of Columbia | *Minnesota | Δ Pennsylvania
‡ Illinois | † Florida | *North Carolina | \$ New York | *New Jersey | *West Virginia | *California

December 11, 2013

CERTIFICATE OF MAILING

Saint Thomas Outpatient Neurosurgical Center, LLC
Gregory B. Lanford, M.D., Registered Agent for Service of Process
2011 Murphy Ave., Ste 301
Nashville, TN 37203-2023

Re: Gokulbhai Maganbhai Patel
Notice of health care liability claim required by
Tennessee Code Annotated § 29-26-121

To Saint Thomas Outpatient Neurosurgical Center, LLC:

Enclosed please find an amended Notice of Claim pursuant to Tennessee Code Annotated § 29-26-121. The list of names and addresses of all providers sent a Notice of Claim is amended to now include Saint Thomas Health, Saint Thomas Network, and Saint Thomas Hospital. Please note that providing this amended Notice of Claim is not an admission of any deficiency in the Notice of Claim previously sent, as Saint Thomas Health, Saint Thomas Network, and Saint Thomas Hospital are still subject to the Tolling Agreement waiving any notice requirements.

Very truly yours,

Kimberly A. Dougherty

KAD

Enclosure

MASSACHUSETTS OFFICE

Kimberly A. Dougherty, Managing Attorney

31 St. James Avenue, Suite 365 | Boston, Massachusetts 02116
617-933-1265 | Fax 416-653-6903 | 1-877-692-3862 | 1-877-MY-ADVOCATES
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Janet, Jenner & Suggs, LLC

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OF COUNSEL

John C. Hensley, Jr.* | Steven J. German* | Joel M. Rubenstein* | Thomas G. Wilson*

BAR MEMBERSHIPS

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*Illinois | *Florida | *North Carolina | *New York | *New Jersey | *West Virginia | *California

December 11, 2013

CERTIFICATE OF MAILING

Saint Thomas Outpatient Neurosurgical Center, LLC
Gregory B. Lanford, M.D., Registered Agent for Service of Process
2011 Murphy Ave., Ste 301
Nashville, TN 37203-2023

Saint Thomas Outpatient Neurosurgical Center, LLC
Floor 9
4230 Harding Pike
Nashville, TN 37203-2013

Re: Gokulbhai Maganbhai Patel
Notice of health care liability claim required by
Tennessee Code Annotated § 29-26-121

To Saint Thomas Outpatient Neurosurgical Center, LLC:

We are the attorneys representing Pinal Patel, individually, and as Personal Representative of the Estate of Gokulbhai Maganbhai Patel.

Through his attorneys, Pinal Patel, individually, and as Personal Representative of the Estate of Gokulbhai Maganbhai Patel, is asserting a claim for health care liability against Saint Thomas Outpatient Neurosurgical Center, LLC, Howell Allen Clinic A Professional Corporation, Nashville, Tennessee, Vaughn A. Allen, M.D., St. Thomas Health, St. Thomas Hospital (St. Thomas West Hospital) and Saint Thomas Network, including their agents, employees, physicians, nurses and pharmacists. This potential claim arises out of care,

MASSACHUSETTS OFFICE

Kimberly A. Dougherty, Managing Attorney

31 St. James Avenue, Suite 365 | Boston, Massachusetts 02116
617-933-4265 | Fax 410-653-6903 | 1-877-692-3862 | 1-877-MY-ADVOCATES
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Maryland | South Carolina | Massachusetts | New York | North Carolina | Washington, D.C. | West Virginia

Janet, Jenner & Suggs, LLC

ATTORNEYS AT LAW

medicines and services provided by employees and/or agents of Saint Thomas Outpatient Neurosurgical Center, LLC to Gokulbhai Maganbhai Patel from August 2012 through September 2012.

The full name and date of birth of the patient whose treatment is at issue:

Gokulbhai Maganbhai Patel
Date of Birth: September 1, 1932

The name and address of the claimant authorizing this notice:

Pinal Patel, Individually, and as Personal Representative of the Estate of Gokulbhai Maganbhai Patel
315 S. Main Street
Goodlettsville, TN 37072

The name and address of the attorney sending this notice:

Kimberly A. Dougherty
Janet, Jenner & Suggs, LLC
31 St. James Avenue, Suite 365
Boston, Massachusetts 02116

Attached hereto is a list of all healthcare providers to whom notice is being given pursuant to Tennessee Code Annotated § 29-26-121(a)(2)(D).

Pursuant to Tennessee Code Annotated § 29-26-121 (a)(2)(E), I also enclose a HIPPA compliant medical authorization permitting you to obtain complete medical records on Gokulbhai Maganbhai Patel from each provider being sent a notice. Also enclosed is Mr. Patel's death certificate and the Letter of Administration for Pinal Patel. If any of those providers do not accept this authorization for any reason, please contact us and we will arrange to execute an authorization acceptable to them that will permit you to obtain complete medical records on Gokulbhai Maganbhai Patel.

Neither this notice nor the medical authorization waives the common law physician patient privilege concerning that care and treatment of Gokulbhai Maganbhai Patel by any doctor who provided medical services for Gokulbhai Maganbhai Patel. We expect that you will not communicate with any person other than your attorney about any doctor's care and treatment of Gokulbhai Maganbhai Patel.

We believe this letter complies with the letter and spirit of Tennessee Code Annotated § 29-26-121. If you believe it is deficient in any way, please let us know and any defect will be promptly cured. If we do not hear from you we will assume that you agree the letter complies with the law.

MASSACHUSETTS OFFICE

Kimberly A. Dougherty, Managing Attorney

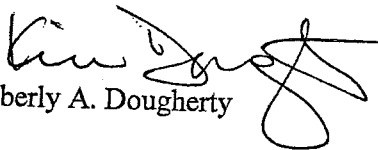
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Maryland | South Carolina | Massachusetts | New York | North Carolina | Washington, D.C. | West Virginia

Janet, Jenner & Suggs, LLC

—ATTORNEYS AT LAW—

Very truly yours,


Kimberly A. Dougherty

Enclosures

cc: Pinal Patel (*via first-class mail*)
Myra Staggs (*via first-class mail*)

MASSACHUSETTS OFFICE:

Kimberly A. Dougherty, Managing Attorney

31 St. James Avenue, Suite 365 | Boston, Massachusetts 02116

617-933-1265 | Fax 410-653-6903 | 1-877-692-3862 | 1-877-MY-ADVOCATES

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c/o Registered Agent, E. Berry Holt, III
102 Woodmont Blvd., Suite 800
Nashville, TN 37205-2221

Saint Thomas Network
4220 Harding Pike
Nashville, TN 37205

HIPAA RELEASE GENERAL AUTHORIZATION

REQUEST TO:

I HEREBY AUTHORIZE _____ to release the
information specified below for the date(s): _____ through _____

THE INFORMATION REQUESTED IS FOR LITIGATION PURPOSES AND IS TO
BE RELEASED TO:

INFORMATION TO BE RELEASED

<input type="checkbox"/> Municipal, Governmental, Fire or Police Records	<input type="checkbox"/> Inpatient Date _____	<input checked="" type="checkbox"/> X-rays (digital)
<input type="checkbox"/> Federal or State Tax information or records	<input type="checkbox"/> Outpatient Date _____	<input checked="" type="checkbox"/> X-ray reports
	<input checked="" type="checkbox"/> Emergency Room records	<input checked="" type="checkbox"/> ENTIRE RECORD
	<input type="checkbox"/> Face Sheet	<input checked="" type="checkbox"/> Billing Records
<input type="checkbox"/> Wage, income or earning records or reports	<input checked="" type="checkbox"/> History & Physical	<input type="checkbox"/> Steroid Injection Information [e.g., manufacturer, Lot #]
<input checked="" type="checkbox"/> Laboratory reports	<input checked="" type="checkbox"/> Discharge summary	<input checked="" type="checkbox"/> Color copies of any photographs
	<input checked="" type="checkbox"/> Consultation reports	<input type="checkbox"/> Test Results [e.g., Spinal Tap]
<input checked="" type="checkbox"/> Report and/or records from physician, therapist	<input checked="" type="checkbox"/> Surgery & Pathology reports	
	<input type="checkbox"/> MRIs (digital)	

I understand the requested medical records may include information relating to: alcohol and/or drug abuse, psychiatric treatment, HIV/Aids testing or treatment, sexually transmitted disease, and/or communicable or noncommunicable disease information. Such information is covered by Federal Confidentiality Regulation [42CFR, Part 2] and can't be

disclosed without my written consent. I also expressly acknowledge note of this under the Health Insurance Portability and Accountability Act of 1996 (HIPAA) Privacy Regulation [45 CFR, § 164.512(e)(1)(ii)]. I understand that the information used or disclosed pursuant to this authorization may be subject to re-disclosure by the recipient and may no longer be protected by Federal Law. My signature on this form authorizes the release of this information as well as all other requested information in the records.


I understand that I may refuse to sign this authorization and refusal to sign will not affect my ability to obtain treatment, enroll in any health plan or payment/benefit eligibility.

I understand that I may revoke this authorization in writing at any time except for information which may have been disclosed by the above named provider prior to the receipt of such revocation. This authorization is valid for three (3) years. The above named provider should respond to this request, or subsequent requests for information from _____ or their representatives, at any time unless the above named health care provider receives a written revocation from me.

THIS AUTHORIZATION does allow the named healthcare provider to discuss my health information, history of care or condition with, or be interviewed by, members of _____

A photocopy of this authorization is to be considered as valid as the original.

Dated: 8/15/13
 SSN: 408-83-8265
 DOB: 09/01/32
 DOD: 01/22/13

Signature: 
 Printed Name: Pinal Patel
 Address: 315 S Main St
Goodlettsville, TN 37072
 Individually, As Personal
 Representative of the Estate
 of Gokulbhai M. Patel

SEVENTH CIRCUIT COURT OF DAVIDSON COUNTY, TENNESSEE

LETTERS OF ADMINISTRATION

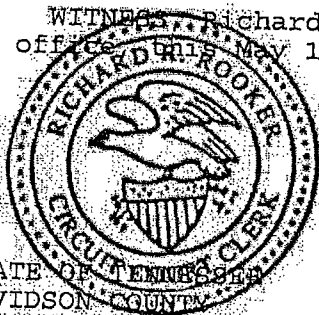
13P832

TO PINAL PATEL :


It appearing to the Court, that GOKULBHAI MAGANBHAI PATEL, has died, and leaving no will, and the Court being satisfied as to your claim to the Administration, and you having given bond pursuant to Order, if required, and qualified as directed by law, and the Court having ordered that Letters of Administration be issued to you:

THESE ARE THEREFORE to authorize and empower you to take into your possession and control all the goods, chattels, claims, and papers of the said estate, and return a true and perfect inventory thereof to this Court; to collect and pay all debts, and to do and transact all the duties in relation to said estate, to deliver the residue thereof to those who are by law entitled.

WITNESS Richard R. Rooker, Clerk of Probate Court, at my office this May 14, 2013



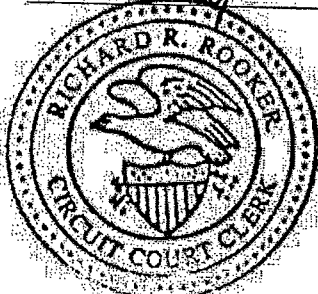
Richard R. Rooker, Clerk

 D.C.


STATE OF TENNESSEE
DAVIDSON COUNTY

I, Richard R. Rooker, Clerk of the Probate Court, do hereby certify that the foregoing is a full, true and perfect copy of Letters of Administration, issued to PINAL PATEL, as Administrator of the estate of GOKULBHAI MAGANBHAI PATEL, deceased, and I do further certify that PINAL PATEL is still acting as Administrator of the estate, and all acts as such are entitled to full faith and credit, as it appears from the records filed in my office at Nashville, Tennessee.

WITNESS my hand and official seal, this 14 day of May, 2013.



Richard R. Rooker, Clerk

 D.C.



Janet, Jenner & Suggs, LLC
ATTORNEYS AT LAW

Howard A. Janet, P.C.* | Kenneth M. Suggs* | Robert K. Jenner, P.C.*
Dov. Apfel* | Stephen C. Offutt* | Giles H. Manley, M.D., J.D.* | Gerald D. Jowers, Jr.* | Brian D. Ketterer*

Sharon R. Guzejko* | Kimberly A. Dougherty* | Francis M. Hinson, IV* | Hal J. Kleinman* | Tara J. Posner* | Elsha N. Hawk*
Justin A. Browne* | Joyce E. Jones* | Jessica H. Meeder* | Leah K. Barron* | Lindsey M. Craig* | Jason B. Penn*
Seth L. Cardeli\$ | Samuel M. Collings* | William F. Burnham*

OF COUNSEL

John C. Heasley, Jr.* | Steven J. German\$ | Joel M. Rubenstein\$ | Thomas G. Wilson*

BAR MEMBERSHIPS

*Maryland | *South Carolina | *Massachusetts | *District of Columbia | *Minnesota | *Pennsylvania
*Illinois | *Florida | *North Carolina | \$New York | *New Jersey | *West Virginia | *California

December 11, 2013

CERTIFICATE OF MAILING

Saint Thomas Outpatient Neurosurgical Center, LLC
Floor 9
4230 Harding Pike
Nashville, TN 37203-2013

Re: Gokulbhai Maganbhai Patel
Notice of health care liability claim required by
Tennessee Code Annotated § 29-26-121

To Saint Thomas Outpatient Neurosurgical Center, LLC:

Enclosed please find an amended Notice of Claim pursuant to Tennessee Code Annotated § 29-26-121. The list of names and addresses of all providers sent a Notice of Claim is amended to now include Saint Thomas Health, Saint Thomas Network, and Saint Thomas Hospital. Please note that providing this amended Notice of Claim is not an admission of any deficiency in the Notice of Claim previously sent, as Saint Thomas Health, Saint Thomas Network, and Saint Thomas Hospital are still subject to the Tolling Agreement waiving any notice requirements.

Very truly yours,

Kimberly A. Dougherty

KAD

Enclosure

MASSACHUSETTS OFFICE

Kimberly A. Dougherty, Managing Attorney

31 St. James Avenue, Suite 365 | Boston, Massachusetts 02116
617-933-1265 | Fax 410-653-6903 | 1-877-692-3862 | 1-877-MY-ADVOCATES
info@MyAdvocates.com | MyAdvocates.com

Maryland | South Carolina | Massachusetts | New York | North Carolina | Washington, D.C. | West Virginia



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Dov Apfel* ± | Stephen C. Offutt* ± ± | Giles H. Manley, M.D., J.D.* | Gerald D. Jowers, Jr.* | Brian D. Ketterer Δ

Sharon R. Guzejko* | Kimberly A. Dougherty Δ | Francis M. Hinson, IV* | Hal J. Kleinman Δ ± | Tara J. Posner* ± † | Elisha N. Hawk* ± ±
Justin A. Browne* | Joyce E. Jones* | Jessica H. Meeder* ± | Leah K. Barron* | Lindsey M. Craig* | Jason B. Penn* ±
Seth L. Cardeli \$ ± | Samuel M. Collings* ± | William F. Burnham*

OF COUNSEL

John C. Hensley, Jr.* | Steven J. German \$ ± ± | Joel M. Rubenstein \$ ± | Thomas G. Wilson † ±

BAR MEMBERSHIPS

* Maryland | * South Carolina | Δ Massachusetts | ± District of Columbia | ± Minnesota | Δ Pennsylvania
± Illinois | † Florida | ° North Carolina | \$ New York | * New Jersey | ■ West Virginia | ♦ California

December 11, 2013

CERTIFICATE OF MAILING

Saint Thomas Outpatient Neurosurgical Center, LLC
Gregory B. Lanford, M.D., Registered Agent for Service of Process
2011 Murphy Ave., Ste 301
Nashville, TN 37203-2023

Saint Thomas Outpatient Neurosurgical Center, LLC
Floor 9
4230 Harding Pike
Nashville, TN 37203-2013

Re: Gokulbhai Maganbhai Patel
Notice of health care liability claim required by
Tennessee Code Annotated § 29-26-121

To Saint Thomas Outpatient Neurosurgical Center, LLC:

We are the attorneys representing Pinal Patel, individually, and as Personal Representative of the Estate of Gokulbhai Maganbhai Patel.

Through his attorneys, Pinal Patel, individually, and as Personal Representative of the Estate of Gokulbhai Maganbhai Patel, is asserting a claim for health care liability against Saint Thomas Outpatient Neurosurgical Center, LLC, Howell Allen Clinic A Professional Corporation, Nashville, Tennessee, Vaughn A. Allen, M.D., St. Thomas Health, St. Thomas Hospital (St. Thomas West Hospital) and Saint Thomas Network, including their agents, employees, physicians, nurses and pharmacists. This potential claim arises out of care,

MASSACHUSETTS OFFICE

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Janet, Jenner & Suggs, LLC

ATTORNEYS AT LAW

medicines and services provided by employees and/or agents of Saint Thomas Outpatient Neurosurgical Center, LLC to Gokulbhai Maganbhai Patel from August 2012 through September 2012.

The full name and date of birth of the patient whose treatment is at issue:

Gokulbhai Maganbhai Patel
Date of Birth: September 1, 1932

The name and address of the claimant authorizing this notice:

Pinal Patel, Individually, and as Personal Representative of the Estate of Gokulbhai Maganbhai Patel
315 S. Main Street
Goodlettsville, TN 37072

The name and address of the attorney sending this notice:

Kimberly A. Dougherty
Janet, Jenner & Suggs, LLC
31 St. James Avenue, Suite 365
Boston, Massachusetts 02116

Attached hereto is a list of all healthcare providers to whom notice is being given pursuant to Tennessee Code Annotated § 29-26-121(a)(2)(D).

Pursuant to Tennessee Code Annotated § 29-26-121 (a)(2)(E), I also enclose a HIPPA compliant medical authorization permitting you to obtain complete medical records on Gokulbhai Maganbhai Patel from each provider being sent a notice. Also enclosed is Mr. Patel's death certificate and the Letter of Administration for Pinal Patel. If any of those providers do not accept this authorization for any reason, please contact us and we will arrange to execute an authorization acceptable to them that will permit you to obtain complete medical records on Gokulbhai Maganbhai Patel.

Neither this notice nor the medical authorization waives the common law physician patient privilege concerning that care and treatment of Gokulbhai Maganbhai Patel by any doctor who provided medical services for Gokulbhai Maganbhai Patel. We expect that you will not communicate with any person other than your attorney about any doctor's care and treatment of Gokulbhai Maganbhai Patel.

We believe this letter complies with the letter and spirit of Tennessee Code Annotated § 29-26-121. If you believe it is deficient in any way, please let us know and any defect will be promptly cured. If we do not hear from you we will assume that you agree the letter complies with the law.

MASSACHUSETTS OFFICE

Kimberly A. Dougherty, Managing Attorney

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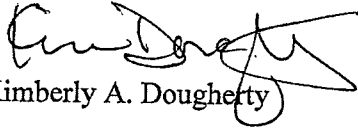
info@MyAdvocates.com | MyAdvocates.com

Maryland | South Carolina | Massachusetts | New York | North Carolina | Washington, D.C. | West Virginia

Janet, Jenner & Suggs, LLC

ATTORNEYS AT LAW

Very truly yours,



Kimberly A. Dougherty

Enclosures

cc: Pinal Patel (*via first-class mail*)
Myra Staggs (*via first-class mail*)

MASSACHUSETTS OFFICE

Kimberly A. Dougherty, Managing Attorney

31 St. James Avenue, Suite 365 | Boston, Massachusetts 02116

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The following is a list of all providers to whom notice is being given pursuant to Tennessee Code Annotated § 29-26-121 (a)(2)(D):

Saint Thomas Outpatient Neurosurgical Center, LLC
Gregory B. Lanford, M.D., Registered Agent for Service of Process
2011 Murphy Ave., Ste 301
Nashville, TN 37203-2023

Saint Thomas Outpatient Neurosurgical Center, LLC
Floor 9
4230 Harding Pike
Nashville, TN 37203-2013

Howell Allen Clinic A Professional Corporation
Gregory B. Lanford, M.D., Registered Agent for Service of Process
2011 Murphy Ave., Ste 301
Nashville, TN 37203-2023

Vaughn A. Allen, M.D
2011 Murphy Ave., Ste 301
Nashville, TN 37203-2023

St. Thomas Health
c/o Registered Agent, E. Berry Holt, III
102 Woodmont Blvd., Suite 800
Nashville, TN 37205-2221

St. Thomas Hospital (St. Thomas West Hospital)
c/o Registered Agent, E. Berry Holt, III
102 Woodmont Blvd., Suite 800
Nashville, TN 37205-2221

St. Thomas Hospital (St. Thomas West Hospital)
4220 Harding Road
Nashville, TN 37205

Saint Thomas Network
c/o Registered Agent, E. Berry Holt, III
102 Woodmont Blvd., Suite 800
Nashville, TN 37205-2221

Saint Thomas Network
4220 Harding Pike
Nashville, TN 37205

HIPAA RELEASE GENERAL AUTHORIZATIONREQUEST TO: _____

_____I HEREBY AUTHORIZE _____ to release the
information specified below for the date(s): _____ through _____THE INFORMATION REQUESTED IS FOR LITIGATION PURPOSES AND IS TO
BE RELEASED TO:**INFORMATION TO BE RELEASED**

<input type="checkbox"/> Municipal, Governmental, Fire or Police Records	<input type="checkbox"/> Inpatient Date _____	<input checked="" type="checkbox"/> X-rays (digital)
<input type="checkbox"/> Federal or State Tax information or records	<input type="checkbox"/> Outpatient Date _____	<input checked="" type="checkbox"/> X-ray reports
<input type="checkbox"/> Wage, income or earning records or reports	<input checked="" type="checkbox"/> Emergency Room records	<input checked="" type="checkbox"/> ENTIRE RECORD
<input checked="" type="checkbox"/> Laboratory reports	<input type="checkbox"/> Face Sheet	<input checked="" type="checkbox"/> Billing Records
<input checked="" type="checkbox"/> Report and/or records from physician, therapist	<input checked="" type="checkbox"/> History & Physical	Steroid Injection Information [e.g., manufacturer, Lot #]
	<input checked="" type="checkbox"/> Discharge summary	<input checked="" type="checkbox"/> Color copies of any photographs
	<input checked="" type="checkbox"/> Consultation reports	Test Results [e.g., Spinal Tap]
	<input checked="" type="checkbox"/> Surgery & Pathology reports	
	<input type="checkbox"/> MRIs (digital)	

I understand the requested medical records may include information relating to: alcohol and/or drug abuse, psychiatric treatment, HIV/Aids testing or treatment, sexually transmitted disease, and/or communicable or noncommunicable disease information. Such information is covered by Federal Confidentiality Regulation [42CFR, Part 2] and can't be

disclosed without my written consent. I also expressly acknowledge note of this under the Health Insurance Portability and Accountability Act of 1996 (HIPAA) Privacy Regulation [45 CFR, § 164.512(e)(1)(ii)]. I understand that the information used or disclosed pursuant to this authorization may be subject to re-disclosure by the recipient and may no longer be protected by Federal Law. My signature on this form authorizes the release of this information as well as all other requested information in the records.

I understand that I may refuse to sign this authorization and refusal to sign will not affect my ability to obtain treatment, enroll in any health plan or payment/benefit eligibility.

I understand that I may revoke this authorization in writing at any time except for information which may have been disclosed by the above named provider prior to the receipt of such revocation. This authorization is valid for three (3) years. The above named provider should respond to this request, or subsequent requests for information from _____ or their representatives; at any time unless the above named health care provider receives a written revocation from me.

THIS AUTHORIZATION does allow the named healthcare provider to discuss my health information, history of care or condition with, or be interviewed by, members of _____


A photocopy of this authorization is to be considered as valid as the original.

Dated: 8/15/13

SSN: 408-83-8265

DOB: 09/01/32

DOD: 01/22/13

Signature: 

Printed Name: Pinal Patel

Address: 315 S Main St
Goodlettsville, TN 37072

Individually, As Personal
Representative of the Estate
of Gokulbhai M. Patel

SEVENTH CIRCUIT COURT OF DAVIDSON COUNTY, TENNESSEE

LETTERS OF ADMINISTRATION

13P832

TO PINAL PATEL:


It appearing to the Court, that GOKULBHAI MAGANBHAI PATEL, has died, and leaving no will, and the Court being satisfied as to your claim to the Administration, and you having given bond pursuant to Order, if required, and qualified as directed by law, and the Court having ordered that Letters of Administration be issued to you:

THESE ARE THEREFORE to authorize and empower you to take into your possession and control all the goods, chattels, claims, and papers of the said estate, and return a true and perfect inventory thereof to this Court; to collect and pay all debts, and to do and transact all the duties in relation to said estate, to deliver the residue thereof to those who are by law entitled.

WITNESSES: Richard R. Rooker, Clerk of Probate Court, at my office, May 14, 2013



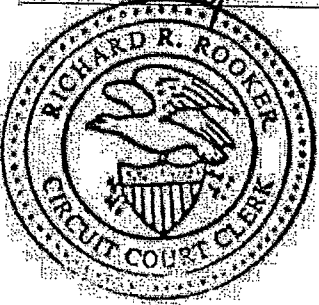
Richard R. Rooker, Clerk

 D.C.


STATE OF TENNESSEE
DAVIDSON COUNTY

I, Richard R. Rooker, Clerk of the Probate Court, do hereby certify that the foregoing is a full, true and perfect copy of Letters of Administration, issued to PINAL PATEL, as Administrator of the estate of GOKULBHAI MAGANBHAI PATEL, deceased, and I do further certify that PINAL PATEL is still acting as Administrator of the estate, and all acts as such are entitled to full faith and credit, as it appears from the records filed in my office at Nashville, Tennessee.

WITNESS my hand and official seal, this 14 day of May, 2013.



Richard R. Rooker, Clerk

 D.C.

STATE OF TENNESSEE Office of Vital Records

TENNESSEE DEPARTMENT OF HEALTH CERTIFICATE OF DEATH

STATE FILE NUMBER

1. DECEASED'S USUAL NAME (Last, First, Middle Initial) Gowulbhai Megarbhail Patel		2. SEX Male		3. DATE OF BIRTH (Month, Day, Year) January 22, 2013	
4. TIME OF DEATH (Approx.) 10:15 AM		5. MODE OF DEATH BO		6. DATE OF BIRTH (Month, Day, Year) September 1, 1932	
7. PLACE OF DEATH (Street and Number) Heritage Medical Center		8. CITY OR TOWN Shelbyville		9. COUNTY OF BIRTH Bedford	
10. DEATH OCCURRED IN A HOSPITAL <input checked="" type="checkbox"/> Heritage Medical Center		11. DEATH OCCURRED SOMEWHERE OTHER THAN A HOSPITAL <input type="checkbox"/> Home		12. DEATH OCCURRED IN A HOSPITAL <input type="checkbox"/> Home	
13. SPECIAL SECURITY NUMBER 408-83-6285		14. RESIDENCE STATE OR FOREIGN COUNTRY Tennessee		15. DECEASED'S USUAL OCCUPATION Farmer	
16. STREET AND NUMBER 400 S. Cannon Blvd.		17. SUBURBAN CITY LAWS <input checked="" type="checkbox"/> Yes		18. DATE OF DEATH 3/2/13	
19. DECEASED'S EDUCATION (Check all that apply) <input type="checkbox"/> No grade or less <input type="checkbox"/> 1st-8th grade <input type="checkbox"/> High school graduate or GED recipient <input type="checkbox"/> Associate degree (e.g., AA, AS) <input type="checkbox"/> Bachelor's degree (e.g., BA, BS, etc.) <input type="checkbox"/> Master's degree (e.g., MA, MS, etc.) <input type="checkbox"/> Doctorate (e.g., PhD, MD, etc.) <input type="checkbox"/> Unknown		20. DECEASED'S MARRIAGE HISTORY (Check all that apply) <input type="checkbox"/> Never married <input type="checkbox"/> Married, but separated <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/> Unknown		21. DECEASED'S RACE (Check one or more that apply) <input type="checkbox"/> White <input type="checkbox"/> Black or African American <input type="checkbox"/> American Indian or Alaska Native <input type="checkbox"/> Native Hawaiian or Other Pacific Islander <input type="checkbox"/> Other (Specify):	
22. FATHER'S NAME (Last, First, Middle Initial) Megarbhail Patel		23. MOTHER'S NAME (Last, First, Middle Initial) Premiben Megarbhail		24. DECEASED'S PLACE OF BIRTH (City and State) Shelbyville TN 37160	
25. DECEASED'S PLACE OF BIRTH (City and State) Shelbyville TN 37160		26. DECEASED'S PLACE OF BIRTH (City and State) Shelbyville TN 37160		27. DECEASED'S PLACE OF BIRTH (City and State) Shelbyville TN 37160	
28. DECEASED'S PLACE OF BIRTH (City and State) Shelbyville TN 37160		29. DECEASED'S PLACE OF BIRTH (City and State) Shelbyville TN 37160		30. DECEASED'S PLACE OF BIRTH (City and State) Shelbyville TN 37160	
31. DECEASED'S PLACE OF BIRTH (City and State) Shelbyville TN 37160		32. DECEASED'S PLACE OF BIRTH (City and State) Shelbyville TN 37160		33. DECEASED'S PLACE OF BIRTH (City and State) Shelbyville TN 37160	
34. DECEASED'S PLACE OF BIRTH (City and State) Shelbyville TN 37160		35. DECEASED'S PLACE OF BIRTH (City and State) Shelbyville TN 37160		36. DECEASED'S PLACE OF BIRTH (City and State) Shelbyville TN 37160	
37. DECEASED'S PLACE OF BIRTH (City and State) Shelbyville TN 37160		38. DECEASED'S PLACE OF BIRTH (City and State) Shelbyville TN 37160		39. DECEASED'S PLACE OF BIRTH (City and State) Shelbyville TN 37160	
40. DECEASED'S PLACE OF BIRTH (City and State) Shelbyville TN 37160		41. DECEASED'S PLACE OF BIRTH (City and State) Shelbyville TN 37160		42. DECEASED'S PLACE OF BIRTH (City and State) Shelbyville TN 37160	
43. DECEASED'S PLACE OF BIRTH (City and State) Shelbyville TN 37160		44. DECEASED'S PLACE OF BIRTH (City and State) Shelbyville TN 37160		45. DECEASED'S PLACE OF BIRTH (City and State) Shelbyville TN 37160	
46. DECEASED'S PLACE OF BIRTH (City and State) Shelbyville TN 37160		47. DECEASED'S PLACE OF BIRTH (City and State) Shelbyville TN 37160		48. DECEASED'S PLACE OF BIRTH (City and State) Shelbyville TN 37160	
49. DECEASED'S PLACE OF BIRTH (City and State) Shelbyville TN 37160		50. DECEASED'S PLACE OF BIRTH (City and State) Shelbyville TN 37160		51. DECEASED'S PLACE OF BIRTH (City and State) Shelbyville TN 37160	
52. DECEASED'S PLACE OF BIRTH (City and State) Shelbyville TN 37160		53. DECEASED'S PLACE OF BIRTH (City and State) Shelbyville TN 37160		54. DECEASED'S PLACE OF BIRTH (City and State) Shelbyville TN 37160	
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58. DECEASED'S PLACE OF BIRTH (City and State) Shelbyville TN 37160		59. DECEASED'S PLACE OF BIRTH (City and State) Shelbyville TN 37160		60. DECEASED'S PLACE OF BIRTH (City and State) Shelbyville TN 37160	
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67. DECEASED'S PLACE OF BIRTH (City and State) Shelbyville TN 37160		68. DECEASED'S PLACE OF BIRTH (City and State) Shelbyville TN 37160		69. DECEASED'S PLACE OF BIRTH (City and State) Shelbyville TN 37160	
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73. DECEASED'S PLACE OF BIRTH (City and State) Shelbyville TN 37160		74. DECEASED'S PLACE OF BIRTH (City and State) Shelbyville TN 37160		75. DECEASED'S PLACE OF BIRTH (City and State) Shelbyville TN 37160	
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79. DECEASED'S PLACE OF BIRTH (City and State) Shelbyville TN 37160		80. DECEASED'S PLACE OF BIRTH (City and State) Shelbyville TN 37160		81. DECEASED'S PLACE OF BIRTH (City and State) Shelbyville TN 37160	
82. DECEASED'S PLACE OF BIRTH (City and State) Shelbyville TN 37160		83. DECEASED'S PLACE OF BIRTH (City and State) Shelbyville TN 37160		84. DECEASED'S PLACE OF BIRTH (City and State) Shelbyville TN 37160	
85. DECEASED'S PLACE OF BIRTH (City and State) Shelbyville TN 37160		86. DECEASED'S PLACE OF BIRTH (City and State) Shelbyville TN 37160		87. DECEASED'S PLACE OF BIRTH (City and State) Shelbyville TN 37160	
88. DECEASED'S PLACE OF BIRTH (City and State) Shelbyville TN 37160		89. DECEASED'S PLACE OF BIRTH (City and State) Shelbyville TN 37160		90. DECEASED'S PLACE OF BIRTH (City and State) Shelbyville TN 37160	
91. DECEASED'S PLACE OF BIRTH (City and State) Shelbyville TN 37160		92. DECEASED'S PLACE OF BIRTH (City and State) Shelbyville TN 37160		93. DECEASED'S PLACE OF BIRTH (City and State) Shelbyville TN 37160	
94. DECEASED'S PLACE OF BIRTH (City and State) Shelbyville TN 37160		95. DECEASED'S PLACE OF BIRTH (City and State) Shelbyville TN 37160		96. DECEASED'S PLACE OF BIRTH (City and State) Shelbyville TN 37160	
97. DECEASED'S PLACE OF BIRTH (City and State) Shelbyville TN 37160		98. DECEASED'S PLACE OF BIRTH (City and State) Shelbyville TN 37160		99. DECEASED'S PLACE OF BIRTH (City and State) Shelbyville TN 37160	
100. DECEASED'S PLACE OF BIRTH (City and State) Shelbyville TN 37160		101. DECEASED'S PLACE OF BIRTH (City and State) Shelbyville TN 37160		102. DECEASED'S PLACE OF BIRTH (City and State) Shelbyville TN 37160	

I hereby certify the above to be a true and correct copy of the original document on file in this department. This certified copy is valid only when printed on security paper showing the red embossed seal of the Department of Health. Alteration or erasure voids this certification.

Tennessee Code Annotated 68-3-101 et seq., Vital Records Act of 1977.

5699318

T. Hendricks
Teresa S. Hendricks
STATE REGISTRAR

Umana E. Ray (DR)
Deputy Registrar
Bedford County

Date Issued
Jan 23 2013

CERTIFICATION OF VITAL RECORD



Janet, Jenner & Suggs, LLC
ATTORNEYS AT LAW

Howard A. Janet, P.C.* | Kenneth M. Suggs* | Robert K. Jenner, P.C.*
Dov Apfel* | Stephen C. Offutt* | Giles H. Manley, M.D., J.D.* | Gerald D. Jowers, Jr.* | Brian D. Kettler*
Δ

Sharon R. Guzejko* | Kimberly A. Dougherty* | Francis M. Hinson, IV* | Hal J. Kleinman* Δ | Tara J. Posner* † | Elisha N. Hawk*
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OF COUNSEL

John C. Hensley, Jr.* | Steven J. German* | Joel M. Rubenstein* | Thomas G. Wilson* †

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‡ Illinois | † Florida | * North Carolina | § New York | * New Jersey | * West Virginia | * California

December 11, 2013

CERTIFICATE OF MAILING

Vaughn A. Allen, M.D.
2011 Murphy Ave., Ste 301
Nashville, TN 37203-2023

Re: Gokulbhai Maganbhai Patel
Notice of health care liability claim required by
Tennessee Code Annotated § 29-26-121

To Vaughn A. Allen, M.D:

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Very truly yours,

Kimberly A. Dougherty

KAD

Enclosure

MASSACHUSETTS OFFICE

Kimberly A. Dougherty, Managing Attorney

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Janet, Jenner & Suggs, LLC

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OF COUNSEL

John C. Hensley, Jr.* | Steven J. German \$ ± ± | Joel M. Rubenstein \$ ± | Thomas G. Wilson † ±

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Re: Gokulbhai Maganbhai Patel
Notice of health care liability claim required by
Tennessee Code Annotated § 29-26-121

To Vaughan A. Allen:

We are the attorneys representing Pinal Patel, individually, and as Personal Representative of the Estate of Gokulbhai Maganbhai Patel.

Through his attorneys, Pinal Patel, individually, and as Personal Representative of the Estate of Gokulbhai Maganbhai Patel, is asserting a claim for health care liability against Saint Thomas Outpatient Neurosurgical Center, LLC, Howell Allen Clinic A Professional Corporation, Nashville, Tennessee, Vaughn A. Allen, M.D., St. Thomas Health, St. Thomas Hospital (St. Thomas West Hospital) and Saint Thomas Network, including their agents, employees, physicians, nurses and pharmacists. This potential claim arises out of care, medicines and services provided by you, your employees and/or agents to Gokulbhai Maganbhai Patel from August 2012 through September 2012.

The full name and date of birth of the patient whose treatment is at issue:

Gokulbhai Maganbhai Patel

MASSACHUSETTS OFFICE

Kimberly A. Dougherty, Managing Attorney

31 St. James Avenue, Suite 365 | Boston, Massachusetts 02116
617-933-1265 | Fax 410-653-6903 | 1-877-692-3862 | 1-877-MY-ADVOCATES
info@MyAdvocates.com | MyAdvocates.com

Maryland | South Carolina | Massachusetts | New York | North Carolina | Washington, D.C. | West Virginia

Janet, Jenner & Suggs, LLC

ATTORNEYS AT LAW

Date of Birth: September 1, 1932

The name and address of the claimant authorizing this notice:

Pinal Patel, Individually, and as Personal Representative of the Estate of Gokulbhai Maganbhai Patel
315 S. Main Street
Goodlettsville, TN 37072

The name and address of the attorney sending this notice:

Kimberly A. Dougherty
Janet, Jenner & Suggs, LLC
31 St. James Avenue, Suite 365
Boston, Massachusetts 02116

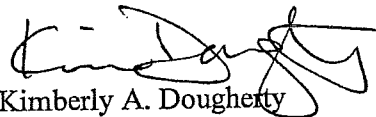
Attached hereto is a list of all healthcare providers to whom notice is being given pursuant to Tennessee Code Annotated § 29-26-121(a)(2)(D).

Pursuant to Tennessee Code Annotated § 29-26-121 (a)(2)(E), I also enclose a HIPPA compliant medical authorization permitting you to obtain complete medical records on Gokulbhai Maganbhai Patel from each provider being sent a notice. Also enclosed is Mr. Patel's death certificate and the Letter of Administration for Pinal Patel. If any of those providers do not accept this authorization for any reason, please contact us and we will arrange to execute an authorization acceptable to them that will permit you to obtain complete medical records on Gokulbhai Maganbhai Patel.

Neither this notice nor the medical authorization waives the common law physician patient privilege concerning that care and treatment of Gokulbhai Maganbhai Patel by any doctor who provided medical services for Gokulbhai Maganbhai Patel. We expect that you will not communicate with any person other than your attorney about any doctor's care and treatment of Gokulbhai Maganbhai Patel.

We believe this letter complies with the letter and spirit of Tennessee Code Annotated § 29-26-121. If you believe it is deficient in any way, please let us know and any defect will be promptly cured. If we do not hear from you we will assume that you agree the letter complies with the law.

Very truly yours,



Kimberly A. Dougherty

Enclosures

MASSACHUSETTS OFFICE

Kimberly A. Dougherty, Managing Attorney

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info@MyAdvocates.com | MyAdvocates.com

Maryland | South Carolina | Massachusetts | New York | North Carolina | Washington, D.C. | West Virginia

Janet, Jenner & Suggs, LLC

ATTORNEYS AT LAW

cc: Pinal Patel (*via first-class mail*)
Myra Staggs (*via first-class mail*)

MASSACHUSETTS OFFICE:

Kimberly A. Dougherty, Managing Attorney

31 St. James Avenue, Suite 365 | Boston, Massachusetts 02116

617-933-1265 | Fax 410-653-6903 | 1-877-692-3862 | 1-877-MY-ADVOCATES

info@MyAdvocates.com | MyAdvocates.com

Maryland | South Carolina | Massachusetts | New York | North Carolina | Washington, D.C. | West Virginia

The following is a list of all providers to whom notice is being given pursuant to Tennessee Code Annotated § 29-26-121 (a)(2)(D):

Saint Thomas Outpatient Neurosurgical Center, LLC
Gregory B. Lanford, M.D., Registered Agent for Service of Process
2011 Murphy Ave., Ste 301
Nashville, TN 37203-2023

Saint Thomas Outpatient Neurosurgical Center, LLC
Floor 9
4230 Harding Pike
Nashville, TN 37203-2013

Howell Allen Clinic A Professional Corporation
Gregory B. Lanford, M.D., Registered Agent for Service of Process
2011 Murphy Ave., Ste 301
Nashville, TN 37203-2023

Vaughn A. Allen, M.D
2011 Murphy Ave., Ste 301
Nashville, TN 37203-2023

St. Thomas Health
c/o Registered Agent, E. Berry Holt, III
102 Woodmont Blvd., Suite 800
Nashville, TN 37205-2221

St. Thomas Hospital (St. Thomas West Hospital)
c/o Registered Agent, E. Berry Holt, III
102 Woodmont Blvd., Suite 800
Nashville, TN 37205-2221

St. Thomas Hospital (St. Thomas West Hospital)
4220 Harding Road
Nashville, TN 37205

Saint Thomas Network
c/o Registered Agent, E. Berry Holt, III
102 Woodmont Blvd., Suite 800
Nashville, TN 37205-2221

Saint Thomas Network
4220 Harding Pike
Nashville, TN 37205

HIPAA RELEASE GENERAL AUTHORIZATIONREQUEST TO: _____

_____I HEREBY AUTHORIZE _____ to release the
information specified below for the date(s): _____ through _____THE INFORMATION REQUESTED IS FOR LITIGATION PURPOSES AND IS TO
BE RELEASED TO:**INFORMATION TO BE RELEASED**

<input type="checkbox"/> Municipal, Governmental, Fire or Police Records	<input type="checkbox"/> Inpatient Date _____	<input checked="" type="checkbox"/> X-rays (digital)
<input type="checkbox"/> Federal or State Tax information or records	<input type="checkbox"/> Outpatient Date _____	<input checked="" type="checkbox"/> X-ray reports
<input type="checkbox"/> Wage, income or earning records or reports	<input checked="" type="checkbox"/> X Emergency Room records	<input checked="" type="checkbox"/> ENTIRE RECORD
<input checked="" type="checkbox"/> X Laboratory reports	<input type="checkbox"/> Face Sheet	<input checked="" type="checkbox"/> Billing Records
<input checked="" type="checkbox"/> X Report and/or records from physician, therapist	<input checked="" type="checkbox"/> X History & Physical	<input type="checkbox"/> Steroid Injection Information [e.g., manufacturer, Lot #]
	<input checked="" type="checkbox"/> X Discharge summary	<input checked="" type="checkbox"/> Color copies of any photographs
	<input checked="" type="checkbox"/> X Consultation reports	<input type="checkbox"/> Test Results [e.g., Spinal Tap]
	<input checked="" type="checkbox"/> X Surgery & Pathology reports	
	<input type="checkbox"/> MRIs (digital)	

I understand the requested medical records may include information relating to: alcohol and/or drug abuse, psychiatric treatment, HIV/Aids testing or treatment, sexually transmitted disease, and/or communicable or noncommunicable disease information. Such information is covered by Federal Confidentiality Regulation [42CFR, Part 2] and can't be

disclosed without my written consent. I also expressly acknowledge note of this under the Health Insurance Portability and Accountability Act of 1996 (HIPAA) Privacy Regulation [45 CFR, § 164.512(e)(1)(ii)]. I understand that the information used or disclosed pursuant to this authorization may be subject to re-disclosure by the recipient and may no longer be protected by Federal Law. My signature on this form authorizes the release of this information as well as all other requested information in the records.

I understand that I may refuse to sign this authorization and refusal to sign will not affect my ability to obtain treatment, enroll in any health plan or payment/benefit eligibility.

I understand that I may revoke this authorization in writing at any time except for information which may have been disclosed by the above named provider prior to the receipt of such revocation. This authorization is valid for three (3) years. The above named provider should respond to this request, or subsequent requests for information from _____ or their representatives, at any time unless the above named health care provider receives a written revocation from me.

THIS AUTHORIZATION does allow the named healthcare provider to discuss my health information, history of care or condition with, or be interviewed by, members of _____


A photocopy of this authorization is to be considered as valid as the original.

Dated: 8/15/13

SSN: 408-83-8265

DOB: 09/01/32

DOD: 01/22/13

Signature: 

Printed Name: Pinal Patel

Address: 315 S Main St

Goodlettsville, TN 37072

Individually, As Personal
Representative of the Estate
of Gokulbhai M. Patel

SEVENTH CIRCUIT COURT OF DAVIDSON COUNTY, TENNESSEE

LETTERS OF ADMINISTRATION

13P832

TO PINAL PATEL :

It appearing to the Court, that GOKULBHAI MAGANBHAI PATEL, has died, and leaving no will, and the Court being satisfied as to your claim to the Administration, and you having given bond pursuant to Order, if required, and qualified as directed by law, and the Court having ordered that Letters of Administration be issued to you:

THESE ARE THEREFORE to authorize and empower you to take into your possession and control all the goods, chattels, claims, and papers of the said estate, and return a true and perfect inventory thereof to this Court; to collect and pay all debts, and to do and transact all the duties in relation to said estate, to deliver the residue thereof to those who are by law entitled.

WITNESS, Richard R. Rooker, Clerk of Probate Court, at my office this May 14, 2013



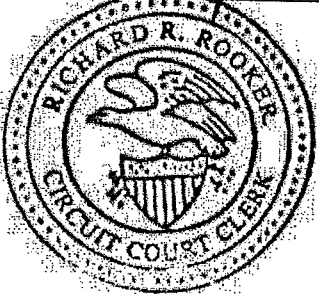
Richard R. Rooker, Clerk

D.C.

STATE OF TENNESSEE
DAVIDSON COUNTY

I, Richard R. Rooker, Clerk of the Probate Court, do hereby certify that the foregoing is a full, true and perfect copy of Letters of Administration, issued to PINAL PATEL, as Administrator of the estate of GOKULBHAI MAGANBHAI PATEL, deceased, and I do further certify that PINAL PATEL is still acting as Administrator of the estate, and all acts as such are entitled to full faith and credit, as it appears from the records filed in my office at Nashville, Tennessee.

WITNESS my hand and official seal, this 14 day of May, 2013.



Richard R. Rooker, Clerk

D.C.

STATE OF TENNESSEE
Office of Vital Records

TENNESSEE DEPARTMENT OF HEALTH
 CERTIFICATE OF DEATH

STATE FILE NUMBER

1. DECEASED'S LOCAL NAME (Print Name, Last, First, Middle Initial)				2. SEX		3. DATE OF DEATH (Month, Day, Year)	
Gokulshah Maganbhai Patel				Male		January 23, 2013	
4. TIME OF DEATH		5. DECEASED'S AGE (Print Age, Last, First, Middle Initial)		6. DATE OF BIRTH (Month, Day, Year)		7. BIRTHPLACE (City and State or Foreign Country)	
09:15 AM		80		September 1, 1932		Vihar, India	
8. PLACE OF BIRTH (State only)							
IN DEATH OCCURRED IN A HOSPITAL							
<input type="checkbox"/> Inpatient <input type="checkbox"/> Outpatient <input type="checkbox"/> Other (Specify) _____ <input type="checkbox"/> Hospital <input type="checkbox"/> Nursing home <input type="checkbox"/> Other (Specify) _____							
9. FACILITY NAME (If not institution, give street and number)				10. CITY OR TOWN			
Heritage Medical Center				Shelbyville			
11. DECEASED'S RELIGION				12. DECEASED'S RACE			
<input type="checkbox"/> Hindu <input type="checkbox"/> Muslim <input type="checkbox"/> Other (Specify) _____ <input type="checkbox"/> Christian <input type="checkbox"/> Jewish <input type="checkbox"/> Other (Specify) _____				<input type="checkbox"/> Indian <input type="checkbox"/> Other (Specify) _____ <input type="checkbox"/> African American <input type="checkbox"/> Other (Specify) _____			
13. DECEASED'S SOCIAL SECURITY NUMBER				14. DECEASED'S OCCUPATION			
408-83-8265				Farmer			
15. DECEASED'S STATE OR FOREIGN COUNTRY				16. DECEASED'S COUNTY			
Tennessee				Bedford			
17. DECEASED'S CITY OR TOWN				18. DECEASED'S ZIP CODE			
Shelbyville				37160			
19. DECEASED'S STREET AND NUMBER				20. DECEASED'S HOME PHONE NUMBER			
400 S. Cannon Blvd.							
21. DECEASED'S EDUCATION (Check one box for highest degree or level of education attained at time of death)				22. DECEASED'S MARRIAGE (Check one box for current marital status)			
<input type="checkbox"/> High school or less <input type="checkbox"/> High school graduate or GED certificate <input type="checkbox"/> Some college (less than 2-year degree) <input type="checkbox"/> Bachelor's degree (B.A., B.S., etc.) <input type="checkbox"/> Master's degree (M.A., M.S., etc.) <input type="checkbox"/> Doctorate (Ph.D., M.D., etc.) <input type="checkbox"/> Other (Specify) _____				<input type="checkbox"/> Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/> Single			
23. DECEASED'S MARRIAGE (Check one box for current marital status)				24. DECEASED'S MARRIAGE (Check one box for current marital status)			
<input type="checkbox"/> Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/> Single				<input type="checkbox"/> Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/> Single			
25. DECEASED'S MARRIAGE (Check one box for current marital status)				26. DECEASED'S MARRIAGE (Check one box for current marital status)			
<input type="checkbox"/> Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/> Single				<input type="checkbox"/> Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/> Single			
27. DECEASED'S MARRIAGE (Check one box for current marital status)				28. DECEASED'S MARRIAGE (Check one box for current marital status)			
<input type="checkbox"/> Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/> Single				<input type="checkbox"/> Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/> Single			
29. DECEASED'S MARRIAGE (Check one box for current marital status)				30. DECEASED'S MARRIAGE (Check one box for current marital status)			
<input type="checkbox"/> Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/> Single				<input type="checkbox"/> Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/> Single			
31. DECEASED'S MARRIAGE (Check one box for current marital status)				32. DECEASED'S MARRIAGE (Check one box for current marital status)			
<input type="checkbox"/> Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/> Single				<input type="checkbox"/> Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/> Single			
33. DECEASED'S MARRIAGE (Check one box for current marital status)				34. DECEASED'S MARRIAGE (Check one box for current marital status)			
<input type="checkbox"/> Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/> Single				<input type="checkbox"/> Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/> Single			
35. DECEASED'S MARRIAGE (Check one box for current marital status)				36. DECEASED'S MARRIAGE (Check one box for current marital status)			
<input type="checkbox"/> Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/> Single				<input type="checkbox"/> Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/> Single			
37. DECEASED'S MARRIAGE (Check one box for current marital status)				38. DECEASED'S MARRIAGE (Check one box for current marital status)			
<input type="checkbox"/> Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/> Single				<input type="checkbox"/> Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/> Single			
39. DECEASED'S MARRIAGE (Check one box for current marital status)				40. DECEASED'S MARRIAGE (Check one box for current marital status)			
<input type="checkbox"/> Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/> Single				<input type="checkbox"/> Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/> Single			
41. DECEASED'S MARRIAGE (Check one box for current marital status)				42. DECEASED'S MARRIAGE (Check one box for current marital status)			
<input type="checkbox"/> Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/> Single				<input type="checkbox"/> Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/> Single			
43. DECEASED'S MARRIAGE (Check one box for current marital status)				44. DECEASED'S MARRIAGE (Check one box for current marital status)			
<input type="checkbox"/> Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/> Single				<input type="checkbox"/> Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/> Single			
45. DECEASED'S MARRIAGE (Check one box for current marital status)				46. DECEASED'S MARRIAGE (Check one box for current marital status)			
<input type="checkbox"/> Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/> Single				<input type="checkbox"/> Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/> Single			
47. DECEASED'S MARRIAGE (Check one box for current marital status)				48. DECEASED'S MARRIAGE (Check one box for current marital status)			
<input type="checkbox"/> Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/> Single				<input type="checkbox"/> Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/> Single			
49. DECEASED'S MARRIAGE (Check one box for current marital status)				50. DECEASED'S MARRIAGE (Check one box for current marital status)			
<input type="checkbox"/> Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/> Single				<input type="checkbox"/> Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/> Single			
51. DECEASED'S MARRIAGE (Check one box for current marital status)				52. DECEASED'S MARRIAGE (Check one box for current marital status)			
<input type="checkbox"/> Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/> Single				<input type="checkbox"/> Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/> Single			
53. DECEASED'S MARRIAGE (Check one box for current marital status)				54. DECEASED'S MARRIAGE (Check one box for current marital status)			
<input type="checkbox"/> Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/> Single				<input type="checkbox"/> Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/> Single			
55. DECEASED'S MARRIAGE (Check one box for current marital status)				56. DECEASED'S MARRIAGE (Check one box for current marital status)			
<input type="checkbox"/> Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/> Single				<input type="checkbox"/> Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/> Single			
57. DECEASED'S MARRIAGE (Check one box for current marital status)				58. DECEASED'S MARRIAGE (Check one box for current marital status)			
<input type="checkbox"/> Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/> Single				<input type="checkbox"/> Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/> Single			
59. DECEASED'S MARRIAGE (Check one box for current marital status)				60. DECE			

I hereby certify the above to be a true and correct copy of the original document on file in this department. This certified copy is valid only when printed on security paper showing the red embossed seal of the Department of Health. Alteration or erasure voids this certification.

Tennessee Code Annotated 68-3-101 et seq., Vital Records Act of 1977.

5699318

Teresa S. Handricks *Chama E. K. R. R.*
Teresa S. Handricks Deputy Registrar
STATE REGISTRAR Bedford County

Date Issued: Jan 23 2013

CERTIFICATION OF VITAL RECORD



Certificate Of Mail

This Certificate of Mailing provides evidence that mail has been presented to USPS® for mailing. This form may be used for domestic and international mail.

From:



Janet, Jenner & Suggs, LLC
ATTORNEYS AT LAW

31 St. James Avenue, Suite 365
Boston, Massachusetts 02116

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U.S. POSTAGE
PAID
BOSTON, MA
DEC 11, 2013
\$1.20
00068511-08
AMOUNT

To: St. Thomas Hospital (St. Thomas West Hospital)

Ch. Registered Regt. E. Berry Holt, III
102 Woodmont Blvd, Ste 800
Nashville, TN 37205-2221

PS Form 3817, April 2007 PSN 7530-02-000-9065



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From:



Janet, Jenner & Suggs, LLC
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31 St. James Avenue, Suite 365
Boston, Massachusetts 02116

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BOSTON, MA
DEC 11, 2013
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To: St. Thomas Hospital (St. Thomas West Hospital)

420 Harding Rd.
Nashville, TN 37205

PS Form 3817, April 2007 PSN 7530-02-000-9065



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Janet, Jenner & Suggs, LLC
ATTORNEYS AT LAW

31 St. James Avenue, Suite 365
Boston, Massachusetts 02116

1000



U.S. POSTAGE
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BOSTON, MA
DEC 11, 2013
\$1.20
00068511-08
AMOUNT

To: St. Thomas Network

Waynes Rd, E. Berry Holt, III
102 Woodmont Blvd, Ste 800
Nashville, TN 37205-2221

PS Form 3817, April 2007 PSN 7530-02-000-9065



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To: St. Thomas Network

420 Harding Rd
Nashville, TN 37205

PS Form 3817, April 2007 PSN 7530-02-000-9065



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Janet, Jenner & Suggs, LLC

ATTORNEYS AT LAW

31 St. James Avenue, Suite 365
Boston, Massachusetts 02116

To:

S. Thomas Heath
c/o Registered Agent: E. Berry Holt, III
100 Woodmont Blvd. Ste 800
Nashville, TN

PS Form 3817, April 2007 PSN 7530-02-000-9065

U.S. POSTAGE
PAID
BOSTON, MA
02116
DEC 11 2013
\$1.20
00068511-08

UNITED STATES
POSTAL SERVICE®

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From:

J&S Janet, Jenner & Suggs, LLC
ATTORNEYS AT LAW

31 St. James Avenue, Suite 365
Boston, Massachusetts 02116

To: S. Thomas Outpatient Neurosurgical Ctr, LLC

430 Broadway B. Landford, Registered Agent
201 Murphy Ave, Ste 301
Nashville, TN 37203-2023

PS Form 3817, April 2007 PSN 7530-02-000-9065



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BOSTON, MA
DEC 11, 13
\$1.20
00068511-08



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From:

J&S Janet, Jenner & Suggs, LLC
ATTORNEYS AT LAW

31 St. James Avenue, Suite 365
Boston, Massachusetts 02116

To: St. Thomas Outpatient Neurosurgical Ctr, LLC

Floor 9,
430 Broadway Ave
Nashville, TN 37203-2023

PS Form 3817, April 2007 PSN 7530-02-000-9065



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U.S. POSTAGE
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BOSTON, MA
DEC 11, 13
\$1.20
00068511-08

3 OF

UNITED STATES
POSTAL SERVICE®

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From:

J&S Janet, Jenner & Suggs, LLC
ATTORNEYS AT LAW

31 St. James Avenue, Suite 365
Boston, Massachusetts 02116

To: Howell Allen Clinic A Professional Corporation

430 Broadway B. Landford, M.D., Registered Agent
201 Murphy Ave, Ste 301
Nashville, TN 37203-2023

PS Form 3817, April 2007 PSN 7530-02-000-9065



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U.S. POSTAGE
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BOSTON, MA
DEC 11, 13
\$1.20
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From:

J&S Janet, Jenner & Suggs, LLC
ATTORNEYS AT LAW

31 St. James Avenue, Suite 365
Boston, Massachusetts 02116

To: Vaughan A. Allen, M.D.

201 Murphy Ave, Ste 301
Nashville, TN 37203-2023

PS Form 3817, April 2007 PSN 7530-02-000-9065



1000

U.S. POSTAGE
PAID
BOSTON, MA
DEC 11, 13
\$1.20
00068511-08

IN THE UNITED STATES DISTRICT COURT
MIDDLE DISTRICT OF TENNESSEE

PINAL PATEL, Individually, As Personal)
Representative of the Estate of GOKULBHAI)
MAGANBHAI PATEL, Deceased, and on)
Behalf of the Beneficiaries of the Estate,)

Plaintiffs,)

v.)

AMERIDOSE, LLC, MEDICAL SALES)
MANAGEMENT, INC., MEDICAL SALES)
MANAGEMENT SW, INC., GDC)
PROPERTIES MANAGEMENT, LLC, ARL)
BIO PHARMA, INC. D/B/A ANALYTICAL)
RESEARCH LABORATORIES, BARRY J.)
CADDEN, GREGORY CONIGLIARO, LISA)
CONIGLIARO CADDEN, DOUGLAS)
CONIGLIARO, CARLA CONIGLIARO,)
GLENN A. CHIN, SAINT THOMAS)
OUTPATIENT NEUROSURGICAL CENTER,)
LLC, HOWELL ALLEN CLINIC A)
PROFESSIONAL CORPORATION, VAUGHN)
A. ALLEN, M.D.,)

Case No.
JURY DEMAND

Defendants.

CERTIFICATE OF GOOD FAITH

Medical Malpractice Case

PLAINTIFF'S FORM

A. In accordance with T.C.A. § 29-26-122, I hereby state the following: (Check item 1 or 2 below and sign your name beneath the item you have checked, verifying the information you have checked. Failure to check item 1 or 2 and/or not signing item 1 or 2 will make this case subject to dismissal with prejudice.)

- ☐ 1. The Plaintiff or Plaintiff's counsel has consulted with one (1) or more experts who have provided a signed written statement confirming that upon information and belief they:

(A) Are competent under § 29-26-115 to express an opinion or opinions in the case; and

(B) Believe, based on the information available from the medical records concerning the care and treatment of the Plaintiff for the incident or incidents at issue, that there is a good faith basis to maintain the action consistent with the requirements of § 29-26-115.

Signature of Plaintiff if not represented, or
Signature of Plaintiff's Counsel

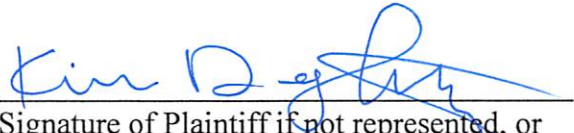
Or



2. The Plaintiff or Plaintiff's counsel has consulted with one (1) or more experts who have provided a signed written statement confirming that upon information and belief they:

(A) Are competent under § 29-26-115 to express an opinion or opinions in the case; and

(B) Believe, based on the information available from the medical records reviewed concerning the care and treatment of the Plaintiff for the incident or incidents at issue and, as appropriate, information from the Plaintiff or others with knowledge of the incident or incidents at issue, that they are facts material to the resolution of the case that cannot be reasonably ascertained from the medical records or information reasonably available to the Plaintiff or Plaintiff's counsel; and that, despite the absence of this information, there is a good faith basis for maintaining the action as to each Defendant consistent with the requirements of § 29-26-115. Refusal of the defendant to release the medical records in a timely fashion or where it is impossible for the Plaintiff to obtain the medical records shall waive the requirement that the expert review the medical records prior to expert certification.



Signature of Plaintiff if not represented, or
Signature of Plaintiff's Counsel

B. You MUST complete the information below and sign:

I have been found in violation of T.C.A. § 29-26-122 0 prior times. (Insert number of prior violations by you.)



Signature of Person Executing This Document

12/2/2013

Date